

SIGN PERMIT APPLICATION

**City of Melbourne, FL
CODE COMPLIANCE**

900 E. Strawbridge Ave.
Melbourne, FL 32901
(321) 608-7915
(321) 608-7920 fax



Entered by: _____

Application Date: _____

**PLEASE PRINT LEGIBLY IN BLACK INK - INCOMPLETE APPLICATIONS WILL BE REJECTED
ALL SPACES MUST BE COMPLETED OR MARKED AS N/A**

Project Name: _____
Project Address: _____ Unit/Suite # _____
City: Melbourne State: FL Zip Code: _____
TWP: _____ RNG: _____ SEC: _____ SUB _____ BLK/PAR: _____ LOT: _____ COUNTY: BREVARD
Zoning District: _____ Building Frontage: _____ Road Frontage: _____ Tax ID# _____

Owners Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Sign Contractor's Firm: _____
Qualifier's Name: _____ License # _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Fax #: _____ Email: _____

Fee Simple Title Holder: _____ Phone: _____
Address: _____ Zip Code: _____
Engineer: _____ Phone: _____
Address: _____ Zip Code: _____

Portable Sign: From: _____ to: _____

Description of Work: _____
Value of Construction: \$ _____ UL Listing #'S _____
Existing Sign Branch Circuit [] Yes [] No

SUBMITTAL REQUIREMENTS

Two (2) Copies of the following: Diagram/plot plan showing type of sign, aggregate sign area, height and location of all signs currently displayed on the premises Diagram/plot plan showing type of sign, aggregate sign area, height and location of all signs proposed to be displayed on the premises To scale site plan showing lot frontage, building frontage, parking areas, and location of all existing and proposed signs **(For ground signs the site plan must show the distance from right-of-way and edge of pavement; stop bars, crosswalks, etc.)**

SIGN PLANS SHALL INCLUDE THE FOLLOWING:

- * A summary table listing the location, type and area of any existing and proposed signs
- * A fully dimensioned and scaled elevation drawing of any proposed sign, showing sign type, height, structure and sign area
- * For building signs, an elevation of the building, showing placement of any sign
- * If the sign is to be electrically lighted, additional information regarding the testing laboratory or the ETL No., and the name, address, license number and signature of the electrical contractor
- * Information regarding the type of construction, sign supports and electrical details
- * Wind load calculations and footer details (engineered) as required by the Florida Building Code.

ELECTRICAL SUB-CONTRACTOR INFORMATION:

Company Name: _____ State Reg. /Cert. No. _____
 Address: _____ City _____ State _____ Zip Code: _____
 Phone: _____ email: _____
 Signature: _____ Date: _____

APPLICANT'S AFFIDAVITS

Application is hereby made to obtain a permit to do the work and installation as indicated. The Building Code in effect at the time of this application is the Florida Building Code Sixth Edition (2017) and the 2014 National Electrical Code. I understand that all permits require inspections as indicated. This permit application is valid for 180 days from date of submission.

I certify that **no** work or installation has commenced prior to the issuance of a permit.

By signing, applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/Owner and has the authority to apply for this permit.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

 OWNER'S/AGENTS SIGNATURE:
 STATE OF FLORIDA
 COUNTY OF BREVARD
 The foregoing instrument was acknowledged
 Before me this ____ day of _____, 20 ____
 By _____ who is
 Personally known to me, or has produced
 _____ as identification
 And who did not take an oath

Notary as to Owner or Agent

Seal

 CONTRACTOR'S SIGNATURE:
 STATE OF FLORIDA
 COUNTY OF BREVARD
 The foregoing instrument was acknowledged
 Before me this ____ day of _____, 20 ____
 By _____ who is
 Personally known to me, or has produced
 _____ as identification
 And who did not take an oath

Notary as to Qualifier

Seal