



Sign Permit Application

Property/Job Address:
Property Owner:
Owner Email:
Contractor:
Contractor's Email:

Building / Unit Frontage in SqFt:	
SqFt of Sign:	Road Frontage in Linear Ft:
Business Name:	
Are you using a Private Provider for Plan Review?	
Are you using a Private Provider for Inspections?	

Select One:

- Single Face Sign
- Double Face Sign

Will the sign have a foundation?

- Yes No

Action:

- Erect
- Alter
- Repair
- Move

Type of Sign:

- Ground Sign
- Wall Sign
- Awning Sign
- Tenant Panel
- Interchange
- Electronic Message Center
- Flagpole over 20 ft.

Illumination:

- Non-Illuminated
- Neon
- Fluorescent
- LED
- External

Construction:

- Painted
- Plastic
- Metal
- Channel Letters
- Concrete Block
- Light Box
- Wood
- Other: _____

Electrical:

(Electrical sub required)

- None
- Existing Service
- New/Extended

Setbacks:

(Ground signs only)

Front: _____

Side: _____

Height: _____

Area: _____

I hereby certify that to the best of my knowledge, the information submitted for this permit is true and correct and complies with City of Mascotte Land Development and Florida Building Code.

Applicant's Signature: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of 20____, by (name of person acknowledging.) _____

(Seal)

Personally known:

OR Produced Identification:

Type of Id Produced: _____

Signature of Notary Public Print,

Type/Stamp Name of Notary

CONSENT TO ERECT SIGN

I will advise the business owner that obtaining a sign permit does not give them authorization to open a business without a Certificate of Occupancy. I further understand that I am obtaining this permit and proceeding at my own risk and that if the Certificate of Occupancy cannot be approved, the sign may have to be removed.

This sign permit is located at: _____

Business Name: _____

Unit #: _____ Date: _____

Contractor/Owner: (Printed Name) _____

Contractor/Owner: (Signature) _____

Contractor's License #: _____