



**CITY OF ORMOND BEACH**

Planning Department, Building Division

22 South Beach Street, Ormond Beach, FL 32174

Tel: (386) 676-3233

www.ormondbeach.org

bponline@ormondbeach.org

**SIGN PERMIT APPLICATION**

**PROPERTY DETAILS**

Street Address  Parcel ID No.

Business Name   New  Existing  Face Changes

Monument  Pole/Tenant Pylon  Wall (sq. ft.)  Bldg. Frontage (ft.)  Lot Frontage (ft.)

**SIGN CONTRACTOR INFORMATION**

Name  License No.

Telephone  Fax  Email

Contact Person

Architect/Engineer  Phone No.

Contract Amount \$  \* Over \$2,500 requires Notice of Commencement.

**ELECTRICAL CONTRACTOR INFORMATION**

Name  License No.

Telephone  Fax  Email

Contact Person

New  Addition  Repair  New Main Service  Existing

AMPS  Voltage  Phase  Meters

Work other than main service:

Authorized Signature: \_\_\_\_\_ NOTARY (seal)

Printed Name: \_\_\_\_\_

**Please make sure all required documents are submitted at time of application. Incomplete submittals will not be accepted. Please note, one sign per application. This application for a sign permit shall include the following:**

1. Applicant is required to advise owner that an occupational license application is required to be on file before a sign permit is issued.
2. Provide 2 sets of accurate, scaled drawings, which show the dimensions, materials, illumination and colors of the proposed sign. Signs located within a shopping center or a planned district will require approval of the shopping center's owner or leasing agent. See Section 3.47 of the Ormond Beach sign ordinance for additional requirements within a shopping center.
3. Electrical plans conforming to the requirements of Section 8-99 of the Code of Ordinances are required for signs with electrical connections.
4. Provide 2 sets of drawings showing the location of the proposed sign on the site or building, including dimensions to property lines. Landscape plans for monument ground signs are required.
5. If applicable, indicate the location, type and dimensions of other signs on the same site advertising the same business.
6. Construction details, ground, pole and canopy/awning signs shall require the plans to be certified by a State of Florida registered design professional for compliance with the Florida Building Code.

**CONTRACTOR ACKNOWLEDGEMENT**

**THE UNDERSIGNED HEREBY AFFIRMS:**

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installations have commenced prior to the issuance of this permit and that all work will be performed to meet the standard of all laws regulating construction within this jurisdiction. I have the authority to allow and hereby agree to allow City Personnel to enter upon this property to inspect development permitted from this application. I further understand that commencing any work prior to the issuance of this permit could result in me paying double fees.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

State of Florida, County of \_\_\_\_\_

Affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

by \_\_\_\_\_ who is personally known to me ( ),  
or has produced identification ( ), as the person who acknowledged the foregoing document.

Notary Signature: \_\_\_\_\_ Notary Seal:

Printed Name: \_\_\_\_\_

**OWNER/APPLICANT ACKNOWLEDGEMENT**

**OWNER/APPLICANT AFFIDAVIT:** *I certify that all the foregoing information is accurate and that all work will be done in compliance with applicable laws regulating construction and zoning.*

*I have the authority to allow City personnel to enter upon the subject property to inspect the sign permitted for this application.*

*I hereby certify that I have the necessary workmen's compensation insurance and will maintain the same as required by Chapter 440, Florida Statutes for the duration of work authorized by this permit.*

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

State of Florida, County of \_\_\_\_\_

Affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

by \_\_\_\_\_ who is personally known to me ( ),  
or has produced identification ( ), as the person who acknowledged the foregoing document.

Notary Signature: \_\_\_\_\_ Notary Seal:

Printed Name: \_\_\_\_\_

For Office Use Only:

License Check: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Review: \_\_\_\_\_ Date: \_\_\_\_\_