



**CITY OF JACKSONVILLE, FLORIDA  
BUILDING INSPECTION DIVISION**

**SIGN PERMIT APPLICATION**

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**Permit Number**

Date Issued \_\_\_\_/\_\_\_\_/\_\_\_\_

Before you begin to fill-out the application, refer to the Sign Plan Review Checklist, which is available at the Building Inspection Division office.  
This application must be typed or printed legibly in ink. Complete all relevant fields.

<b>OFFICIAL USE ONLY</b>	STREET NUMBER _____ STREET NAME _____		
	TYPE _____ DIRECTION _____ UNIT/SUITE _____ ZONING _____ ZONING APPROVAL _____		
ZONING NOTES _____			
FINAL APPROVAL _____ FEE \$ _____ MINIMUM FEE: YES <input type="checkbox"/> NO <input type="checkbox"/>			
NOTICE OF COMMENCEMENT REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/> DATE ____/____/____			
<b>PROJECT IDENTIFICATION</b>		<b>PROPERTY OWNERSHIP DETAILS</b>	
PROJECT CONTACT _____		TYPE: INDIVIDUAL <input type="checkbox"/> GOVERNMENT AGENCY <input type="checkbox"/> BUSINESS <input type="checkbox"/>	
PROJECT CONTACT PHONE (____) _____ - _____		FULL LEGAL NAME, AGENCY, OR BUSINESS _____	
		MAILING ADDRESS _____	
		OWNER CONTACT PHONE (____) _____ - _____	
		OWNER E-MAIL ADDRESS _____	
REAL ESTATE NUMBER _____		<input type="checkbox"/> PROPERTY IS LEASED	
		LESSEE (TENANT) NAME _____	
<b>SIGN LOCATION</b> (This is the physical address of the sign's location.)			
STREET NUMBER _____ STREET NAME _____		TYPE (Ave/Blvd/Court/Road) _____ DIRECTION _____	
UNIT/SUITE _____ ZIP CODE _____		INTERSECTING STREETS _____ AND _____	
LOT NO. _____ BLOCK _____		SUBDIVISION _____ CITY DEVELOPMENT NUMBER _____	
<b>LICENSED CONTRACTOR</b>		<b>FLORIDA DESIGN PROFESSIONAL</b>	
COMPANY NAME _____		COMPANY NAME _____	
NAME (QUALIFYING AGENT) _____		LICENSEE NAME _____	
STATE CERTIFICATION OR REGISTRATION NUMBER _____		LICENSE NO. _____	
QUALIFYING AGENT SIGNATURE _____		LICENSEE SIGNATURE _____	
QUALIFYING AGENT CITY ID NO. _____			
ADDRESS _____		ADDRESS _____	
PHONE _____	FAX _____	PHONE _____	FAX _____
E-MAIL ADDRESS _____		E-MAIL ADDRESS _____	
<b>SIGN CLASS</b>		<b>NATURE OF WORK</b>	<b>PAYMENT METHOD</b>
Check one.		Check one.	Check one.
<input type="checkbox"/> Off-Site Billboard Sign # _____ <input type="checkbox"/> On-Site <input type="checkbox"/> Non-Residential		<input type="checkbox"/> New Structure <input type="checkbox"/> Other _____ <input type="checkbox"/> Remove Existing Signage <input type="checkbox"/> Temporary	<input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Escrow Account <input type="checkbox"/> Exempt
Provide total cost of material, installation, and equipment to perform the work, rounded to the nearest dollar. \$ _____			
<b>WHAT DOES THE SIGN ADVERTISE?</b>		<b>ADDITIONAL SPECIFICATIONS</b>	
List the actual wording and/or describe the corporate/company logo.		List any information that may clarify the scope of this work.	
_____ _____ _____		_____ _____ _____	
<b>SIGN TYPE</b>	<b>ILLUMINATION</b>	<b>FACE SHAPE</b>	<b>SPECIFICATIONS</b>
<input type="checkbox"/> Banner <input type="checkbox"/> Canopy <input type="checkbox"/> Ground <input type="checkbox"/> Projecting <input type="checkbox"/> Roof <input type="checkbox"/> Other: Specify _____	<input type="checkbox"/> Wall <input type="checkbox"/> Monument <input type="checkbox"/> Under-Canopy <input type="checkbox"/> Awning <input type="checkbox"/> Incidental / Directing	<input type="checkbox"/> Direct <input type="checkbox"/> Indirect <input type="checkbox"/> None <input type="checkbox"/> To Remain Unconnected UL/ET listing # _____	<input type="checkbox"/> Double <input type="checkbox"/> Single <input type="checkbox"/> Vee <input type="checkbox"/> Other: Specify _____
Height (from top of sign to grade in feet) _____		Poles (number of) _____	
Sign size (total area in square feet) _____			
Planning Department (Initial All You Approve)	Remarks (If you need more space, use page 2):	<b>Notification of Electrical Permit Requirement</b>	
Size: _____		This is to confirm that I am aware that an electrical permit is required for connecting this sign and that it is my responsibility to ensure that the permit is obtained. Failure to do so could result in fines and/or loss of electrical power to the facility.  <b>OWNER or AGENT (If Agent, Power of Attorney or Agency Letter Required)</b>  Signed: _____ Date: ____/____/____  Before me this _____ day of _____ in the County of Duval, State of Florida, has personally appeared _____ herein by himself/herself and affirms all statements and declarations herein are true and accurate. _____, Notary Public at Large, State of _____, County of _____ <b>Personally Known <input type="checkbox"/> or Produced Identification <input type="checkbox"/></b>  ID Type _____	
Setback: _____			
Type: _____			
Required Agencies			
<input type="checkbox"/> DMG _____			
<input type="checkbox"/> EPA _____			
<input type="checkbox"/> General Counsel _____			
<input type="checkbox"/> Historical _____			
<input type="checkbox"/> JEDC _____			
<input type="checkbox"/> Landscape _____			
		<b>Required Inspections</b>	
		<input type="checkbox"/> Final <input type="checkbox"/> Footing <input type="checkbox"/> Fill Cell <input type="checkbox"/> Electrical	
		<b>Required Permits</b>	
		<input type="checkbox"/> Electrical	

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction and zoning in this jurisdiction. I understand that a separate permit must be secured for RIGHT-OF-WAY WORK, ELECTRICAL WORK, MASONRY WALLS AND AWNINGS.

**SIGN AFFIDAVIT**—I certify that all the information herewith is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. As required by Section 320.402 (d) (2) of the Ordinance Code of the City of Jacksonville, I certify that all information that is provided in the application and attached documents for the referenced sign are true and correct. I / We, the undersigned, hereby agree to perform the work, for which this permit is given, in accordance with the plans and specifications approved for construction, and made a part hereof, in accordance with the building regulations of the City of Jacksonville.

**WARNING TO OWNER:** WHEN A NOTICE OF COMMENCEMENT IS REQUIRED, YOUR FAILURE TO RECORD THE 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 AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

**NOTICE:** ANY FALSE STATEMENT OR MISREPRESENTATION OF FACT IN THIS APPLICATION OR ON THE PLANS, WHICH THE PERMIT OR APPROVAL IS BASED MAY RESULT IN REVOCATION OF THE PERMIT OR APPROVAL.

<b>OWNER or AGENT</b>	<b>CONTRACTOR</b>
(If Agent, Power of Attorney or Agency Letter Required)	(Qualifier only)
Signed: _____ Date: ____ / ____ / ____	Signed: _____ Date: ____ / ____ / ____
Before me this _____ day of _____	Before me this _____ day of _____
in the County of Duval, State of Florida, has personally appeared _____	in the County of Duval, State of Florida, has personally appeared _____
_____ herein by himself/herself and affirms all statements and declarations herein are true and accurate.	_____ herein by himself/herself and affirms all statements and declarations herein are true and accurate.
_____,	_____,
Notary Public at Large, State of _____, County of _____	Notary Public at Large, State of _____, County of _____
Personally Known <input type="checkbox"/> or Produced Identification <input type="checkbox"/>	Personally Known <input type="checkbox"/> or Produced Identification <input type="checkbox"/>
ID Type _____	ID Type _____