

**CITY OF ST AUGUSTINE
PLANNING & BUILDING DEPARTMENT
P.O. Box 210 – 75 King Street St. Augustine, FL 904-825-1065**

APPLICATION FOR SIGN PERMIT **BDAC Project No.** _____

Name of Applicant _____ Daytime Phone _____

Address _____ City _____ State _____ ZIP _____

Name of Property Owner _____ Daytime Phone _____

Address _____ City _____ State _____ ZIP _____

LEGAL DESCRIPTION OF PROPERTY:

Site Address _____ Parcel No. _____ Lot _____ Block _____

Name of Business _____

Number of public entrances on ground floor _____

Business Tax Receipt Yes No
 Business occupies entire building Yes No
 If no, width of section or unit occupied _____ ft.
 If yes, property street frontage _____ ft.
 Multiple street frontages Yes No

Permanent & Exiting Signs on Property:

Sign	Existing	New	Maintenance	Type	Height	Width	Area	Illuminated	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
							Total	_____	

Value of Structural Work \$ _____ No. of Electrical Circuits _____

FOR EACH NEW SIGN ATTACH A COLOR DIAGRAM SHOWING THE DESIGN OF THE SIGN AND ITS LOCATION ON THE BUILDING OR PROPERTY.

Temporary Signs Requested for this Location:

Type of Sign _____ Dates Requested _____ to _____

Purpose of Temporary Sign _____

Permit Agreement:

By my signature I acknowledge I understand that this application becomes a public record retained by the City of St. Augustine and further certify that all of the information contained herein is accurate to the best of my knowledge. I agree to perform all work authorized under this permit pursuant to all applicable city codes and ordinances of the City of St. Augustine. Any deviation from the approved permit conditions will void this permit.

I FURTHER UNDERSTAND THAT THIS SIGN PERMIT WILL NOT BE ISSUED UNTIL THE BUSINESS LISTED ABOVE HAS OBTAINED A BUSINESS TAX RECEIPT.

Signed _____ Date _____
Signature of Applicant or Property Owner

STAFF USE ONLY

Zoning Classification _____ HP District _____ Commercial Zone _____
 Total No. of Signs Allowed _____ Area of Largest Sign _____ s.f. Total Surface Area Allowed _____ s.f.

General Staff Comments _____

ZONING REVIEW	<input type="checkbox"/> APPROVED	SIGNED _____	DATE _____
BUILDING REVIEW	<input type="checkbox"/> APPROVED	SIGNED _____	DATE _____

PERMIT FEES:

SIGN PERMIT	\$ _____
STRUCTURAL	\$ _____
ELECTRICAL	\$ _____
PENALTY	\$ _____
TOTAL PERMIT FEES:	\$ _____

**APPLICANT MUST CALL FOR INSPECTION WHEN SIGN IS ERECTED
INSPECTION REQUEST LINE 904-209-4329**