***OFFICE USE***
☐ APPROVED ☐ DENIED

ZONING DISTRICT:_____

FEE:_____

# CITY OF GULF BREEZE
# SIGN PERMIT APPLICATION

DATE:_____/_____/_____

PLEASE FILL OUT THE APPLICATION AND RETURN IT ALONG WITH THREE SETS OF PLANS TO THE CITY OF GULF BREEZE, 1070 SHORELINE DRIVE, GULF BREEZE, FLORIDA 32561. FAILURE TO COMPLETELY FILL OUT THIS FORM WILL RESULT IN A DELAY OF THE PLAN APPROVAL PROCESS.

SIGN TYPE: ☐ FREESTANDING ☐ FACADE ☐ TEMPORARY ☐ CONSTRUCTION

NAME OF BUSINESS:_____

ADDRESS:_____
NO. STREET CITY STATE ZIP

PHONE NO.:_____

FAX NO.:_____

SIGN COMPANY'S NAME:_____

ADDRESS:_____
NO. STREET CITY STATE ZIP

PHONE NO.:_____

FAX NO.:_____

BUILDING WIDTH:_____ BUILDING HEIGHT:_____ NUMBER OF STORIES:_____

SCOPE OF WORK:_____

_____

_____

DOES THE SIGN REQUIRE ELECTRICITY? ☐ YES ☐ NO

ESTIMATED COST OF CONSTRUCTION:_____

ESTIMATED COMPLETION DATE:_____

I CERTIFY THAT THE PROJECT DESCRIBED IN THIS APPLICATION WILL BE CONSTRUCTED AS DETAILED IN THE ATTACHED PLANS, SPECIFICATIONS AND APPLICABLE LAWS. ADDITIONALLY, I CERTIFY THAT THE SIGN WILL BE CONSTRUCTED IN COMPLIANCE WITH THE STANDARD BUILDING CODE AND CHAPTER 23 OF THE CITY'S CODE OF ORDINANCES - SIGN REGULATIONS.

_____
SIGNED