



CROSSROADS of FLAGLER COUNTY
POST OFFICE BOX 756, BUNNELL, FL. 32110-0756 rev 3-07

Date: _____

APPLICATION FOR A SIGN PERMIT

Permit Number: _____

(386) 437-7516

COMMUNITY DEVELOPMENT DEPARTMENT

FAX (386) 437-8253

1. OWNER NAME: _____ PHONE: _____

2. MAILING ADDRESS: _____

3. PROPERTY LOCATION: _____

4. PARCEL ID # (THIS IS FOUND ON YOUR TAX RECEIPT OR DEED) _____

5. INSTALLATION CONTRACTOR: _____ CITY OCC LICENSE #: _____

6. CONTRACTOR ADDRESS: _____

7. ELECTRICAL CONTRACTOR: (IF APPLICABLE, & REQUIRES SEPARATE PERMIT) _____

8. STATE LICENSE #: _____ CITY OCC LICENSE #: _____

9. TYPE OF SIGN: _____ SIZE: _____

10. FRONT SETBACK: _____ SIDE SETBACK: _____ SIDE SETBACK: _____

11. TOTAL ESTIMATED COST OF SIGN: _____ (IF ESTIMATED COST IS **\$2500 OR MORE** A RECORDED NOC MUST BE SUBMITTED)

12. APPLICANT SIGNATURE: _____ DATE: _____

PLEASE SUBMIT 2 COPIES OF SITEPLAN INDICATING EXISTING AND PROPOSED SIGN LOCATIONS AND ALL SETBACKS WITH PERMIT APPLICATION FOR APPROVAL

FOR STAFF USE ONLY

1. REVIEW for compliance with Chapter 26 of the land development code :

2. initials _____ DATE : _____

Meets land development code yes _____ no _____

2. FEE FOR PERMIT: _____ OTHER FEES: _____

3. TOTAL FEES DUE: _____