

Sign Zoning Approval Application

Date Received: _____
Permit Number: _____
Received by: _____

This application must be **typed or printed in ink** and submitted with any required attachments to:

City of Palatka Building & Zoning
201 N 2nd Street
Palatka, FL 32177
PHONE: (386) 329-0103

TO BE COMPLETED BY APPLICANT						
1. Property Address:	2. Parcel Number:					
3. Owner Name:	4. Contract/Estimated Cost: \$					
5. Sign Type: <input type="checkbox"/> Pole Sign <input type="checkbox"/> Wall Sign <input type="checkbox"/> Temporary Sign <input type="checkbox"/> Wall Graphic <input type="checkbox"/> Face Change <input type="checkbox"/> Other	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">6. Signage is: <input type="checkbox"/> New <input type="checkbox"/> Existing</td> <td rowspan="4" style="width: 50%; vertical-align: top;">7. Required Attachments: <input type="checkbox"/> Site Plan showing location of proposed sign(s) on property and/or building <input type="checkbox"/> Sign Plan showing dimensions and area of sign <input type="checkbox"/> Zoning review fee \$50 (additional Building Permit fee to be determined by Putnam County) </td> </tr> <tr> <td>8. Will sign be illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>9. Number of sides:</td> </tr> <tr> <td>10. Square footage per side:</td> </tr> </table>	6. Signage is: <input type="checkbox"/> New <input type="checkbox"/> Existing	7. Required Attachments: <input type="checkbox"/> Site Plan showing location of proposed sign(s) on property and/or building <input type="checkbox"/> Sign Plan showing dimensions and area of sign <input type="checkbox"/> Zoning review fee \$50 (additional Building Permit fee to be determined by Putnam County)	8. Will sign be illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Number of sides:	10. Square footage per side:
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8. Will sign be illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No						
9. Number of sides:						
10. Square footage per side:						
11. Briefly describe proposed work:						

AGENT/CONTRACTOR'S SIGNATURE: _____

Print or type Agent/Contractor Name: _____

Email address: _____

Address: _____ **State:** _____ **ZIP:** _____

Phone: _____ **Date:** _____

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

OWNER'S SIGNATURE: _____

Print or type Owner's Name: _____

Address: _____ **State:** _____ **ZIP:** _____

Phone: _____ **Date:** _____

STATE OF _____

County of _____

Before me this day personally appeared _____ who executed the foregoing application and acknowledged to and before me that _____ executed this document for the purposes therein expressed.

WITNESS my hand and official seal, this _____ day of _____ A.D. _____.

Notary Public

My commission expires: _____ State of Florida at Large

NOTICE TO OWNER: ZONING APPROVAL IS REQUIRED PRIOR TO APPLING FOR A BUILDING PERMIT FROM PUTNAM COUNTY

FOR OFFICIAL USE ONLY	
Reviewed & approved by:	Date:
Fee:	