

Franklin County Florida Sign Permit Application

PROPERTY OWNER INFORMATION			
Property Owner(s):			
Mailing Address:	Phone #:		
City/State/Zip:	Email Address:		
CONTRACTOR INFORMATION			
Contractor Business Name:			
Mailing Address:	Phone #:		
City/State/Zip	Email Address:		
PROPERTY INFORMATION			
Property Address:	City/State/Zip:		
Parcel ID #:			
Business Name:			
PROJECT DETAILS			
<input type="checkbox"/> Sign Square Footage: _____ <input type="checkbox"/> Will the sign have a foundation? Y/N _____ <input type="checkbox"/> STRAP #: _____ (If Applicable)	Type of Permit: <input type="checkbox"/> Ground Sign <input type="checkbox"/> Wall Sign <input type="checkbox"/> Billboard <input type="checkbox"/> Awning Sign <input type="checkbox"/> Electronic Sign	Checklist Items: <input type="checkbox"/> Site Plan (Location of proposed) <input type="checkbox"/> Boundary Survey <input type="checkbox"/> FDOT Permit/Exemption	
Select One: <input type="checkbox"/> Single Face Sign <input type="checkbox"/> Double Face Sign			
Action: <input type="checkbox"/> Erect <input type="checkbox"/> Alter <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Copy Change	Construction: <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Concrete Block <input type="checkbox"/> Wood <input type="checkbox"/> Other	Setbacks: Front: _____ Side: _____ Height: _____	Electrical: <input type="checkbox"/> None (No Sub Required) <input type="checkbox"/> Existing Service <input type="checkbox"/> New (Sub Required)
Applicant Signature: _____		Date: _____	
Property Owner Signature: _____		Date: _____	
Contractor Signature: _____		Date: _____	