



**CITY OF INDIAN ROCKS BEACH  
1507 BAY PALM BOULEVARD  
INDIAN ROCKS BEACH, FL 33785  
PHONE (727) 517-0404 FAX: (727) 596-4759**

PERMIT NO: \_\_\_\_\_

**SIGN PERMIT APPLICATION**

**SUBMITTAL REQUIREMENTS:**

- Site Plan showing location of sign (Free standing signs must be a minimum of 5 feet from any property line)
  - Inventory of all existing signs on the same property and/or building on which sign is to be located
  - Maximum and minimum height of the sign, measured from grade
  - Dimensions and elevations (including the message and color) of the sign
  - Construction and electrical specifications, for the purpose of enabling determination that the sign meets all applicable structural and electrical requirements of the Building and National Electric Codes
- \*All applications shall include detail drawings showing how the sign is to be constructed and secured. Signs shall have structural drawings signed and sealed by a licensed Florida engineer or architect.

**NOTE:** The permit fee will be tripled if work is started without an issued permit.  
Wind load requirements should conform to the 2007 edition of the Florida Building Code

**TOTAL VALUE OF NEW SIGNAGE: \$** \_\_\_\_\_

PROJECT ADDRESS \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

Type of Sign:     Free Standing                       Wall Sign

**APPLICANT, PROPERTY OWNER AND AGENT INFORMATION:**

APPLICANT (Business) NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

PROPERTY OWNER(S) \_\_\_\_\_

TELEPHONE NUMBER(S): \_\_\_\_\_

AGENT NAME (contact person) \_\_\_\_\_

(please check if Agent is Contractor  )

STATE LICENSE NUMBER OF CONTRACTOR: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ TELE \_\_\_\_\_

I certify that all information submitted on this application and attachments thereto are true and correct to the best of my knowledge. I understand that any inaccurate information may result in revocation of the sign permit and removal of any sign erected pursuant to such permit. I will be responsible for the installation of the subject sign in accordance with the City of Indian Rocks Beach sign regulations.

\_\_\_\_\_  
Print Name of Contractor (or authorized representative)                      Signature

\_\_\_\_\_  
Date

APPROVED     YES     NO    \_\_\_\_\_  
Code Enforcement

\_\_\_\_\_  
Building Official

\_\_\_\_\_  
Date    \$ \_\_\_\_\_  
TOTAL PERMIT FEE