

Charlotte County Community Development Department 18400 Murdock Circle

Port Charlotte FL 33948-1074
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<u>BuildingConstruction@CharlotteCountyFL.gov</u>
<u>PlanningZoning@CharlotteCountyFL.gov</u>
<u>www.CharlotteCountyFL.gov</u>

Office Use Only Permit Application Number:			
Application Date:			
Staff Initials:			

APPLICATION FOR SIGN PERMIT

(Erect, Alter, Repair or Move)

Business Owner's Name:		Date:				
Address of Sign:	City/State/Zip Code:					
Tax Folio (Parcel) ID:	io (Parcel) ID: OR Lot/Block/Subdivision:					
***********	***********	************	******			
SIGN TYPE (please check):	□Primary Pole Sign	☐ Primary \	Wall Sign			
SIGN DESCRIPTION (please cl	neck): 🗆 Marquee	\square Projection \square Ground	□ Roof			
□ Wall □ Other		☐ Non-illuminated	\square Illuminated			
MATERIAL: Face:	Frame:	Support:				
Single Face:	_ Double Face:	Panel Size:				
SIZE: Total Gross Face Area of S	Sign in Square Feet:	FOOTING SIZE	! :			
Description of Lettering on Face:						
HEIGHT: Lower Edge:	Upper Edge:	Zoning District:	:			
TOTAL COST OF PROJECT \$						
**********	************	**********	******			
I hereby agree that if this application is approved and a sign permit is issued, I will comply with all Building Code requirements and Zoning regulations adopted by Charlotte County for signs.						
Sign Contractor's Company Name		License Number				
Qualifier's Printed Name		Phone				
Qualifier's Signature		Email				
Note: A recorded Notice of Commencement may be required in the Permitting Office if project is over \$2500						

Sketch of Sign	Site Plan Sketch
PROPERTY OW	NER'S CONSENT
I,, prop Printed Name of Property Owner	erty owner of
do hereby give	permission for permitted work at this location.
Sign Contractor's Name	
Property Owner's Address City/State/Zip Code	Property Owner's Phone
	NOTARY SIGNATURES
TROI ERIT OWNER &	NOTAKI SIGNATOKES
Signature of Property Owner	_
State of, County of	Sworn to (or affirmed)
and subscribed before me this day of	, 20 by
(name o	of person making statement), \square personally known
or produced	as identification.
Signature of Notary Public	Printed or Stamped Name of Notary Public

SIGNAGE ALLOTMENT CALCULATIONS

Owner must provide the information below:

1.	Total property frontage in Linear Feet:					
2.	Total building or unit frontage in Linear Feet:					
3.	EXISTING SIGNAGE . Please provide number, location and square footage of all existing signs or advertising devices on the property (square footage = length x width).					
	a.	Sq. ft	Type:	Location		
	b.	Sq. ft	Type:	Location		
	c.	Sq. ft	Type:	Location		
	d.	Sq. ft	Type:	Location		
4. PROPOSED SIGNAGE . Please provide the following information for all proposed signs or advertising devices on the property.						
	a.	Sq. ft	Type:	Location		
	b.	Sq. ft	Type:	Location		
	c.	Sq. ft	Type:	Location		
	d.	Sq. ft	Type:	Location		
Please add additional signs on a blank sheet of paper.						
Office Use Only:						
Site Inspection Shows How Many Signs On-Site						
Sig	Signage Allotment: Total Allotment Used:					
Sig	Signage Allotment Leftover: Inspected:					

Application for Construction Permit

Fee Simple Titleholder Name (if not Owner):					
Address:	City/State/Zip Code:				
Bonding Company Name:					
Address:	City/State/Zip Code:				
Architect/Engineer Name:					
Address:	City/State/Zip Code:				
Mortgage Lender Name:					
Address:	City/State/Zip Code:				
Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to issuance of a permit and that all work will be performed to meet the standards of all laws regulation construction in this jurisdiction. The undersigned applicant for this permit does hereby certify that he/she has or will prior to the performance of any work in connection with the authorization granted under this permit comply with the provision of the Florida Worker's Compensation Act of Employers Liability Insurance, the Social Security Act, the Florida Child Labor Laws and all other applicable safety and labor laws of the state. Violations will invoke severe penalties. Owners Affidavit: I hereby 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. WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. NOTICE: In addition to the requirement of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state, or federal agencies.					
Owner/Agent, Contracto	or and Notary Signatures				
□ Owner / □ Agent (please check) Signature	Contractor Signature				
State of County of	State of County of				
The foregoing instrument was acknowledged before me this	The foregoing instrument was acknowledged before me this				
day of 20	day of 20				
By who is personally known to me	By who is personally known to me				
or who has produced as identification and who did/did not take an oath.	or who has produced as identification and who did/did not take an oath.				
Notary Signature	Notary Signature				
Notary's Printed Name	Notary's Printed Name				
Commission Number	Commission Number				