

FOR OFFICE USE ONLY		
Contractor Licensed?	Yes	

Contact Name	
Phone Number	
<b>PERMIT #</b>	

**CITY OF NICEVILLE  
SIGN PERMIT APPLICATION**

PROPERTY OWNERS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

CONTRACTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

**TOTAL SQUARE FEET OF PROPOSED SIGN** \_\_\_\_\_

IS SIGN (check one) : \_\_\_\_\_ SINGLE SIDED \_\_\_\_\_ DOUBLE SIDED

**LOCATION OF PROPOSED SIGN (BUSINESS NAME AND ADDRESS):**

\_\_\_\_\_

**SPECIFICATIONS OF PROPOSED SIGN:**

WALL \_\_\_\_\_

NUMBER OF WALL SIGNS \_\_\_\_\_ LOCATION OF WALL SIGNS \_\_\_\_\_

GROUND \_\_\_\_\_

INSTALLED HEIGHT OF GROUND SIGN: **TOP** \_\_\_\_\_ **BOTTOM** \_\_\_\_\_

TYPE OF ILLUMINATION (IF ANY): \_\_\_\_\_ (electrical permit may be required)

NUMBER AND DEMENSION OF EXISTING SIGN: \_\_\_\_\_

**NOTE: ATTACH SITE PLAN AND (if applicable) ENGINEER DRAWINGS**

ALL SIGNS MUST BE INSTALLED IN ACCORDANCE WITH THE CITY OF NICEVILLE MUNICIPAL CODE AND THE ADOPTED FLORIDA BUILDING CODE.

SIGNATURE OF OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF CONTRACTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

BUILDING OFFICIAL

SIGNIATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMIT FEE: \$ _____
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PARCEL ID # _____
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