

CITY OF FLORENCE
Department of Community Development
Sign Permit Application

Date: _____

Name of Applicant: _____

Contact: _____

Address: _____

Phone #: _____

Applicant Signature: _____

Property Owner: _____

Address: _____

Phone: _____

*Sign Contractor: _____

*Address: _____

*Phone: _____

***Please note:**

1. *Rendering of sign **must** be attached
2. *If replacing a sign, a rendering of the existing sign **must** also be attached

Location of Sign

Total square footage of existing signs to remain : _____

***Will this Sign be lighted?** _____

***New Sign Dimensions**

Wall:
Height: _____ Width: _____
Total Sq. Ft. _____

Monument:
Height: _____ Width: _____
Total Sq. Ft. _____

*Lineal Ft. of building or space to be leased that faces public street: _____

*Contract Cost: _____

Zoning District: _____

***ALL FIELDS MUST BE COMPLETED**

For office use only

Sign is: APPROVED: _____ By: _____
(DATE)

Comments: _____

Permit Cost: _____ Received by: _____

Revised September 29, 2014