



Planning Sign Review Permit

Face Change Only New Sign

City of Orange City

Development Services Department
205 E. Graves Avenue, Orange City, FL 32763
Phone: 386-775-5415 Fax: 386-775-5420

Date Received _____

Permit # _____

Business Name / Location of the Sign

Business Name _____ Phone _____

Company Contact Person _____ Mobile Phone _____

Email address _____

Business Address _____ Suite # _____

City _____ State _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code _____

Applicant/Sign Contractors Information

Applicant's Name _____ Phone _____

Sign Company _____ Mobile Phone _____

Email address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Is any electrical or lighting proposed for any sign? No Yes

Licensed Contractor _____ License # _____

Phone _____ Email address _____

Property Owner Information

Is applicant or the business the property owner? Yes No

If no, the Applicant may be the Authorized Agent of the Owner: See Attached Owner Authorization

If business owner **DOES NOT** own property, please provide the following:

Property Owner/Name _____ Phone _____

Property Management Company _____ Contact Person _____

Address _____ Fax _____

City/State/Zip _____ Email _____

Property Information

Tax Parcel ID Number _____

Address _____ Suite _____

Property Acreage _____ acres

Building Width / Suite Width _____ feet

Plaza Name _____

*****For Staff Use only*****

Sign District _____

Ground Sign

Max Sign Height _____ feet

Max Copy Area _____ sq.ft.

Wall Sign

Max Copy Area _____ sq.ft.



Proposed Sign

Business Name _____ **Total Cost of Project \$** _____

Please indicate how many signs you propose to have next to the type of sign, below. Signs are permitted subject to the restrictions in Chapter 9 of the Land Development Code of the City of Orange City. The sign ordinance may be obtained from the Development Services Department or from www.municode.com. All submittals for signs must comply with Florida Building Code.

<p>Number of WALL/BUILDING SIGNS _____</p>	<p>Number of GROUND SIGNS _____</p>						
<p><input type="checkbox"/> Primary Sign Face: _____ Height _____ Width Copy Area: _____</p> <div style="text-align: center;"> </div> <p><input type="checkbox"/> Secondary Sign Face: _____ Height _____ Width Copy Area: _____ <input type="checkbox"/> Master Sign Plan Attached</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Ground Sign</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Sign Type</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Overall Sign Size</u></th> </tr> </thead> <tbody> <tr> <td>Sign Face: _____ Height _____ Width Copy Area: _____</td> <td> <input type="checkbox"/> Monument <input type="checkbox"/> Post & Panel <input type="checkbox"/> Hanging Panel Blade </td> <td>Overall Sign Height _____ Overall Sign Width _____</td> </tr> </tbody> </table> <div style="text-align: center; margin-top: 10px;"> </div>	<u>Ground Sign</u>	<u>Sign Type</u>	<u>Overall Sign Size</u>	Sign Face: _____ Height _____ Width Copy Area: _____	<input type="checkbox"/> Monument <input type="checkbox"/> Post & Panel <input type="checkbox"/> Hanging Panel Blade	Overall Sign Height _____ Overall Sign Width _____
<u>Ground Sign</u>	<u>Sign Type</u>	<u>Overall Sign Size</u>					
Sign Face: _____ Height _____ Width Copy Area: _____	<input type="checkbox"/> Monument <input type="checkbox"/> Post & Panel <input type="checkbox"/> Hanging Panel Blade	Overall Sign Height _____ Overall Sign Width _____					
<p>WINDOW AND DOOR SIGNS <input type="checkbox"/> NO Window/Door Signs <input type="checkbox"/> Window and door signs per code Signs at max 15% of glass area</p>	<p>Number of SECONDARY GROUND SIGNS DIRECTIONAL OR OTHER SIGNS _____</p>						
<p>Door Sign: _____ Height _____ Width</p> <div style="text-align: center;"> </div> <p>Window Sign: _____ Height _____ Width</p>	<p><input type="checkbox"/> Secondary Wall Signs _____</p> <p><input type="checkbox"/> Secondary Ground Signs _____</p> <p><input type="checkbox"/> Incidental Signs _____</p> <p><input type="checkbox"/> Other Signs: _____</p> <p>_____</p> <p><input type="checkbox"/> If any, see attached Master Sign Plan</p>						

Information to Accompany Application (3 Sets of all documents)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Copy of current certified survey of property of property showing building and ground sign(s) locations, dimension of the building or unit frontage and dimension of sign setbacks from front and side property lines <input type="checkbox"/> Notarized Owner authorization if applicant or agent is not the property owner <input type="checkbox"/> Existing Conditions Photographs: Current photos of building façade demonstrating all existing signage (all side of building) and photos of any existing ground signage <input type="checkbox"/> Identify the type of lighting proposed for each sign | <ul style="list-style-type: none"> <input type="checkbox"/> Landscape plans, if any ground signs are proposed <input type="checkbox"/> Other documentation supporting the requested sign <input type="checkbox"/> Detail of sign area face + size to scale (copy area), and all dimensions of sign face, embellishments, encasement, height and width and overall sign height <input type="checkbox"/> New Sign: must provide engineered drawing, mounting detail, colors and materials <input type="checkbox"/> Three (3) sets of all required documents |
|---|--|



Applicant's Signature (Sign Contractor or GC)

I, the Undersigned Applicant, agree that I / (We) am / are the owner(s) of the above mentioned subject property or have submitted notarized owner authorization, and agree that all of the above information is true and correct to the best of my knowledge. I understand that no work is to be completed until sign permit is fully approved and all permit fees have been paid.

Applicant's Signature

Company _____

Print Applicant's Name

Title _____

Contractor's License # _____

Property Owner / Property Management

I, the property owner(s) or the authorized property management company of the above mentioned subject property or have reviewed the attached proposed sign plans, and master sign plan, if applicable, and agree that all of the above information is true and correct to the best of my knowledge.

Applicant's Signature

Applicant's Signature

Print Applicant's Name

Print Applicant's Name

DO NOT WRITE BELOW THIS LINE - For Staff Use Only

Date Submitted: _____

Revisions Requested: _____

Resubmitted: _____

Development Services Department

Date Approved Denied Approved with Restrictions