

**TOWN OF ATLANTIC BEACH  
INSPECTIONS AND PLANNING DEPARTMENT**

**Sign Permit Application**

Owner's Name: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Applicant: \_\_\_\_\_ Applicant's Phone: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Address of Sign Location: \_\_\_\_\_

Sign: New Existing: Repair or Replacement      Number of Signs Proposed: \_\_\_\_\_

Sign Type:    Freestanding Sign Wall Sign Directional Sign Other: Specify: \_\_\_\_\_

Total Square Footage Area of Sign: \_\_\_\_\_      Maximum Height of Sign: \_\_\_\_\_

Grade Clearance to Bottom of Sign in Feet (if applicable): \_\_\_\_\_

Distance from Leading Edge of Sign to Property Lines and/or Rights-of-way in feet: \_\_\_\_\_

Illumination Method of Sign? Internal Ground Lighting Neon Other: Specify \_\_\_\_\_

*I hereby certify that all information in this application is correct and all work shall comply with the STATE BUILDING CODE and all other applicable FEDERAL, STATE, and LOCAL laws, codes, and ordinances. The Zoning Office will be notified of any changes in the plans and specifications for the permitted project herein.*

OWNER/AGENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICE USE ONLY**

ZONING DISTRICT: \_\_\_\_\_ WIND LOAD REQUIREMENTS: \_\_\_\_\_

ENGINEERING REQUIRED:    Y      N      PERMIT:    APPROVED      DENIED

FLOOD ZONE: \_\_\_\_\_ ZONING OFFICER: \_\_\_\_\_

PERMIT FEE: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

SPECIAL REQUIREMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_