

City of Auburndale

Sign Permit Application

Property Addre	ess of Sign:								
Parcel #:					Zoning Class:				
Advertised Bus	iness Name/Cop	y:							
Property Owner Name:					Email:				
Full Address:					Phone:				
COA Contractor #:				Qual	Qualifier Name:				
Qualifier Phone:				Qual	Qualifier Email:				
Description of	Proposed Sign:								
					Co	ntract A	mount (\$):		
Size of Sign:			Height:			# (of Display Faces:		
Type of Sign	Cround	Dala	Wall	Мори	mont	Floot	trania Magaga Contar	Othor	

Type of Sign	Ground	Pole	Wall	Monument	El	ectronic Message Center	Other
Material	Metal	Wood		Plastic	Othe		
Electricity	Yes	No		Illumination		Interior	Exterior
EMC Area Size:				Face Change	e Only	Yes	No

Application is hereby made for a sign permit to do the work as briefly described above and in consideration of the issuance of such permit, I agree that this application is subject to being built as referenced to the applicable approved plans and in accordance with all zoning ordinances, building codes, and any other ordinances of the City of Auburndale and laws of the State of Florida applicable thereto. It is understood that any deviation from the information contained herein, unless approved by the Building Inspector, will render the permit null and void. I agree that all improvements as stated above will be completely and satisfactorily under the approval from the Building Department.

Additional documents include Site Plan and Checklist. See www.auburndalefl.com

I hereby certify that the information set forth above is true and correct and that I am the property owner or lessee or acting as the agent of either and have been authorized by them to make this application.

Applicant Name:	Company:	
Signature:	Da	te:
Email:		Phone: