

CITY OF LAKELAND
BUILDING INSPECTION DIVISION

Sign Permit Application

Site Address: _____

Business Name: _____

Zoning Classification: _____ Legal Desc: _____

Property Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Lakeland Contractor #: _____ Qualifier's Name: _____

Type: Ground _____ Marquee _____ Roof _____ Wall _____ Projecting _____

Size: ____ ft ____ in X ____ ft ____ in = _____ Sqft Job Cost: _____

Prime Id:
Under 15 ft. in height (Y or N): _____

Wall Signs:
Under 100 Sqft (Y or N): _____

Over 15 ft. in height (Y or N): _____

Over 100 Sqft (Y or N): _____

Class: Electric _____ Non-electric _____ Materials: Metal _____ Wood _____ Plastic _____ Glass _____

Number of Display Faces: _____ Does Sign Have Any Moving Parts? (Y or N): _____

Total Number of SqFt of Same Type of Sign Existing On Property: _____ Sqft

If A Wall Sign, Indicate Which Wall Will Be Used: Front _____ Rear _____ Side _____
North _____ South _____ East _____ West _____

Sign Copy to Read: _____

Application is hereby made for a building 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 to the Zoning Ordinance, Building Code, and other ordinances of the City of Lakeland 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 building permit null and void. 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's Signature: _____ Date: _____

Company Name: _____ Telephone: _____

Company Address: _____

(For Official Use Only)

Approved By: _____ Plan Check Fee: \$ _____

Date: _____ Permit Fee: \$ _____

Penalty? _____ Y _____ N Total Fee: \$ _____