



CITY OF OKEECHOBEE
55 SE THIRD AVE.
OKEECHOBEE, FL 34974
Tele: 863-763-3372 X9821
Fax: 863-763-1686
Website: citvofokeechobee.com
FOR INSPECTION CALL BY 4:00
P.M., 24 HOURS NOTICE
REQUESTED

SIGN PERMIT APPLICATION
 Current Edition
 Florida Building Codes

Revised 7/7/17

*Effective July 1, 2017, the City of Okeechobee is required to collect a surcharge of 2.5% on all building permits (minimum \$4). They are State required fees to fund DCA and DBPR programs.

Fees		Office Use Only
Sign	\$	Date Rcvd _____
Electric	\$	Date Issd _____
Plan Review	\$	Permit # _____
Sub Total	\$	Pymt By _____
*DCA	\$	_____
*DBPR	\$	Check # _____
		Cash _____ Date _____
Total	\$	Receipt # _____
		Signature _____

Owner Information

Owner _____
 Lessee _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Home Phone (_____) _____
 Work Phone (_____) _____
 Cell Phone (_____) _____

Signature _____

Project Description:
 Residential Commercial Industrial
 Project Address _____
 Parcel Identification Number _____
 Subdivision _____ Block _____ Lot(s) _____
 Zoning _____ Set Backs: Front _____ Rear _____
 Side _____

_____ Individual Business Site _____ Office Complex
 _____ Multi-Use Complex _____ Industrial Park
 _____ Shopping Center _____ Other

Contractor Information

Qualifier _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone (_____) _____
 Cell Phone (_____) _____
 License No. _____
 Signature _____

Sub-Contractor information required. See additional form

Type of Sign: Freestanding _____ Roof/Projecting _____
 Wall/Window/Fascia _____ Off-site _____

Linear Feet of Property Frontage: _____
 Linear Feet of Property on side (if applicable): _____
 Total SF of all **existing** signage: _____
 Linear Feet of Unit (if Multi-Use Complex): _____

Estimated Cost \$ _____
 If cost exceeds \$2500.00 a recorded Notice of Commencement is required.

- The following must be included with the permit application:**
- Sealed drawings, (other than wall) showing proposed sign with dimensions.
 - Site plan showing placement and setbacks.
 - Letter of Authorization, if owner different than applicant

Proposed Signs: Enter height of freestanding signs, dimensions and total sign area (in feet); check which type, and whether or not it will require electric:

	Height (ft)	Area (sf)	Free Standing	Roof/ projecting	Wall/ Window	# of Faces	Electric required	
							Yes	No
1								
2								
3								

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit. Failure to comply may result in suspension or revocation of this permit or other penalty. Applicant understands that the issuance of the permit creates no legal liability, expressed or implied, of the Department, Municipality, Agency or Inspector.

*******WARNING TO OWNER*******
YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.
 *******ATTENTION BUSINESS OWNER/LESSEE*******
NEW OR RELOCATED BUSINESSES ARE REQUIRED TO APPLY FOR A NEW BUSINESS TAX RECEIPT (BTR). PLEASE CONTACT THE FINANCE DEPARTMENT AT 863-763-3372 FOR ADDITIONAL DETAILS.

Application Approved By _____ Date _____