



PERMIT : \_\_\_\_\_  
(If applicable, building permit # \_\_\_\_\_)

**SIGNAGE APPLICATION FOR ZONING APPROVAL:**

- WINDOW SIGNAGE
- NEW SIGN
- TEMPORARY SIGNAGE
- PARKING SIGNAGE
- FACE CHANGES (ONLY WHEN PREVIOUS BUILDING PERMIT WAS GRANTED)

**Job Address:** \_\_\_\_\_

**PCN#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Estimated Value of Signage** \$ \_\_\_\_\_

**Property Owner** (Required)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ (REQUIRED)

**Tenant** ( Check if same as owner)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ (REQUIRED)

**Authorized Agent** (If applicable)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Contractor** (If applicable)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ (REQUIRED)

Email Address: \_\_\_\_\_ (REQUIRED)

Address \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



PERMIT #: \_\_\_\_\_

**REQUIRED FOR ALL SUBMITTALS**

- TWO COPIES OF PLANS/VISUALS SHOWING**
  - PROPOSED SIGN LOCATION(S) on building or property (DRAWING OR PHOTO/VISUAL)
  - PROPOSED SIGN(S) with DIMENSIONS AND TEXT

**GENERAL DESCRIPTION OF SIGNAGE:** \_\_\_\_\_  
\_\_\_\_\_

**PROVIDE INFORMATION BELOW FOR APPLICABLE SIGN TYPE-  
Check applicable box. Information shall also be included on plans**

**FACADE/WALL SIGNAGE**  
 Measurement of front of building or unit (linear feet): \_\_\_\_\_  
 Dimensions of each sign(s) and identify location, such as front, side, etc.  
 \_\_\_\_\_  
 Total area of each sign \_\_\_\_\_

**WINDOW SIGNAGE**  
 Dimension of each window or glass door that will have signage, and total area of each:  
 \_\_\_\_\_  
 Dimensions of each window/door sign \_\_\_\_\_  
 Percentage of window/door covered by proposed sign \_\_\_\_\_

**MONUMENT SIGNS**  
 Linear feet of street frontage \_\_\_\_\_ Dimensions of monument structure \_\_\_\_\_  
 Dimensions of proposed sign(s) on structure \_\_\_\_\_  
 \_\_\_\_\_  
 Total sign area proposed \_\_\_\_\_

**TEMPORARY SIGNS OR PARKING SIGNS** Provide information on plans or separate sheet.

**NOTE: Refer to Sign regulations Chapter 70 of the Town Code, for information on calculating area, and additional regulations. Sign Code may be found on line at [https://library.municode.com/fl/lake\\_park/codes/code\\_of\\_ordinances?nodeId=SPBLADERE\\_CH70SI\\_ARTIVSIRE](https://library.municode.com/fl/lake_park/codes/code_of_ordinances?nodeId=SPBLADERE_CH70SI_ARTIVSIRE) . Additionally it may be accessed through “Departments - Town Clerk” on the Town of Lake Park website at [www.lakeparkflorida.gov](http://www.lakeparkflorida.gov)**



PERMIT #: \_\_\_\_\_

**BE ADVISED**

**APPLICANT IS RESPONSIBLE FOR PROVIDING ALL INFORMATION NEEDED TO VERIFY COMPLIANCE WITH THE CODE. LACK OF SUFFICIENT INFORMATION SHALL RESULT IN REJECTION OF APPLICATION OR PERMITTING DELAYS.**

**ANY INSTALLATION OF SIGN, ELECTRICAL WORK, AND ANY OTHER BUILDING RELATED WORK IS NOT COVERED UNDER THIS ZONING PERMIT. APPLICANT IS HEREBY REQUIRED TO OBTAIN A SEPARATE BUILDING PERMIT.**

**TERMS**

- I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT ALL WORK BE PERFORMED TO MEET THE STANDARDS OF ALL CODES, LAWS, RULES, AND REGULATIONS IN THIS JURISDICTION. **IF THE INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT, THREE TIMES THE AMOUNT OWED WILL BE ASSESSED.**
- ISSUANCE OF THIS PERMIT DOES NOT AUTHORIZE VIOLATION OF DEED RESTRICTIONS. **FEES ARE NOT REFUNDABLE**
- THIS PERMIT IS VOID AFTER 180 DAYS OR THE TIME LIMIT SET FOR ANY INDIVIDUAL SIGNAGE PERMIT, AS IS DETERMINED BY THE TOWN CODE OF ORDINANCES. ALL CONTRACTORS MUST HAVE VALID STATE CERTIFICATION OR COUNTY COMPETENCY PLUS COUNTY AND CITY BUSINESS TAX RECEIPTS PRIOR TO OBTAINING A PERMIT.
- ANY CHANGE IN PLANS OR SPECIFICATIONS MUST BE RECORDED WITH THIS OFFICE. ANY WORK NOT COVERED ABOVE MUST HAVE A VALID PERMIT PRIOR TO COMMENCEMENT OF WORK. IN CONSIDERATION OF GRANTING THIS PERMIT, THE OWNER, TENANT, AND CONTRACTOR AGREE TO ERECT THIS SIGNAGE IN FULL COMPLIANCE WITH THE ZONING CODES. MOUNTING, ELECTRICAL WORK, AND ANY OTHER BUILDING CODE RELATED WORK IS NOT COVERED UNDER THIS PERMIT; A SEPARATE BUILDING PERMIT IS REQUIRED.

**SIGNAGE FEE CALCULATION**

<b>Type of Signage</b>	
Windows Signage:	\$50.00
Temporary Signage:	\$100.00
All other signage:	\$100.00 up to \$3,000 value or \$200 if more



PERMIT #: \_\_\_\_\_

**TENANT OR AGENT OR OWNER**    **Box 1**    *(If tenant or agent applies see Box 3)*  
**CONTRACTOR**    **Box 2**    *(Attach copy of contract if Box 1 is not signed by owner)*  
**OWNER AFFIDAVIT**    **Box 3**    *(Only use if tenant/agent applies on owners behalf)*

I certify that the foregoing information is accurate and that all work will be done in compliance with all applicable codes, laws, rules, and regulations governing construction/installation and zoning. I understand that I am taking full responsibility and am liable for all work related to this permit. I understand that there will be a minimum of one final inspection required in order to close out the permit and that failure to comply with the requirement will result in an expired permit and Code Enforcement action.

**1 TENANT OR AGENT OR OWNER**

Signature of Tenant or Agent or Owner **(CIRCLE ONE)**

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Print Name

SWORN TO OR AFFIRMED before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_

( ) who has produced as identification  
 ( ) whom I know personally

STATE OF FLORIDA  
 PALM BEACH COUNTY

(Seal)

**2 CONTRACTOR**

Signature of Contractor **(IF APPLICABLE)**

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Print Name

SWORN TO OR AFFIRMED before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_

( ) who has produced as identification  
 ( ) whom I know personally

STATE OF FLORIDA  
 PALM BEACH COUNTY

(Seal)

**3 OWNER COMPLETE AND SIGN BELOW IF TENANT OR AGENT APPLIES ON OWNERS BEHALF**

**OWNER AFFIDAVIT**

I, \_\_\_\_\_ (“Property Owner”), of \_\_\_\_\_ (“Applicant”), (“Address”), authorize \_\_\_\_\_ to apply for and receive a signage permit for my property located at \_\_\_\_\_. I understand that there will be a minimum of one final inspection required in order to close out the permit and that failure to comply with the requirement will result in an expired permit and Code Enforcement action.

\_\_\_\_\_  
**Signature of Owner**

STATE OF FLORIDA  
 PALM BEACH COUNTY

(Seal)

\_\_\_\_\_  
**Print Name**

SWORN TO OR AFFIRMED before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. By: \_\_\_\_\_

who has produced as identification     whom I know personally