

City of Port St. Lucie
Business Tax Division
121 S.W. Port St. Lucie Blvd, Bldg B
Port St. Lucie, Fl. 34984
Phone: (772) 344-4356
Fax: (772) 344-4355



Application for Political Signs

Application Date: _____

Two separate checks made payable to:
City of Port St Lucie
\$25.00 Application fee
\$250.00 bond

APPLICANT: _____

ADDRESS: _____ **PHONE:** _____

INDIVIDUAL CANDIDATE or ISSUE(S):

DATE of ELECTION: _____ **NUMBER OF SIGNS REQUESTED:** _____

Bond check (please check one)

_____ **Return to address listed above**

_____ **Return bond check to the following address:** _____

Signs(s) shall be located wholly on private property; shall be placed at least ten (10) feet from the side and rear property lines not to include property line along road frontage, and shall not exceed five (5) feet in height, and be placed on this property only with the permission of the owner or tenant. Signs(s) shall not be illuminated and shall be freestanding. An individual political sign shall not exceed six (6) square feet in area per lot or parcel of land.

The bond fee will be refunded in full only if all signs are removed within fourteen (14) days after the event for which they were posted has occurred. **All bonds will be mailed upon verification of removal by the Code Enforcement Division**

I/We, the applicant(s) included in the application herewith, do acknowledge that we have read and do understand the above stated restrictions and regulations involved with this application: and that the statements made are in all respects true and correct to the best of my/our knowledge and belief.

Date: _____ Signature: _____

Application fee paid: _____ Receipt Number: _____

Removal bond fee paid: _____ Receipt Number: _____

STATE OF FLORIDA
COUNTY OF _____

Before me personally appeared _____, representing _____
Who being duly sworn says that the aforementioned statements are true and correct, and the applicant has complied with all federal, state and local laws.

Sworn to and subscribed before me this _____ day of _____, _____

Signature of Notary

_____ Personally Known Produced I.D. _____ Exp date _____