

City of Port St. Lucie  
**Sign Permit Application**  
(Incomplete Applications Will Not Be Processed)

Permit #: \_\_\_\_\_ Conf. #: \_\_\_\_\_ Zoning ID: P-\_\_\_\_\_

Application Date: \_\_\_\_\_ Application Accepted by: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Lic. # \_\_\_\_\_

Sign Contractor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Architect/Engineer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mortgage Lender's Name/Address: \_\_\_\_\_

Sign Location: \_\_\_\_\_

Sign Address: (be specific) \_\_\_\_\_

Section: \_\_\_\_ Block: \_\_\_\_ Lot: \_\_\_\_ Shopping Center or Complex: \_\_\_\_\_

❖ (circle one) NEW TEMP RE-PERMIT RE-FACE

❖ Type of Sign: Wall Sign \_\_\_\_\_ Freestanding \_\_\_\_\_ Directional \_\_\_\_\_

Model Home \_\_\_\_\_ Other \_\_\_\_\_

❖ Installation by: Business Owner \_\_\_\_\_ Sign Company \_\_\_\_\_

❖ Wording on Sign: \_\_\_\_\_

❖ Sq. Ft. \_\_\_\_\_ Size of Letters \_\_\_\_\_ Sign Colors \_\_\_\_\_

❖ Illumination: Direct \_\_\_\_\_ Indirect \_\_\_\_\_ None \_\_\_\_\_

❖ Valuation: \_\_\_\_\_

Does this business have any other signs at address? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

Property Owner / Developer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Electrical Contractor (if applicable): \_\_\_\_\_ License # \_\_\_\_\_

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS AS INDICATED. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THIS ISSUANCE OF A PERMIT AND THAT ALL WORK WILL BE PERFORMED TO MEET THE STANDARDS OF ALL LAWS REGULATING CONSTRUCTION IN THE CITY OF PORT ST. LUCIE. I UNDERSTAND THAT A SEPARATE PERMIT MUST BE SECURED FOR ELECTRICAL WORK, PLUMBING, SIGNS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, ETC. I UNDERSTAND THAT THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 3 MONTHS OR IF WORK OR CONSTRUCTION IS SUSPENDED OR ABANDONED.

I UNDERSTAND THAT GRANTING OF PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL ANY PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

**OWNERS AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

**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.**

\_\_\_\_\_  
Signature of Contractor (date)

State of Florida  
County of St. Lucie

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_

**\*\*NO SIGN(S) MAY BE ERECTED PRIOR TO APPROVAL\*\***

Plan Review Fee	\$ _____	Check #: _____
Permit Fee	\$ _____	Batch #: _____
Total	\$ _____	Item: _____

**APPROVAL  
FOR CITY OF PORT ST. LUCIE USE ONLY**

Planning and Zoning: Reviewer \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Building Department: Reviewer \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_