



# The City of Jacksonville

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## APPLICATION FOR SIGN PERMIT

DATE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TENANT: \_\_\_\_\_ SQUARE FOOTAGE: \_\_\_\_\_

TYPE OF SIGN: \_\_\_\_\_

### ATTACH OR SHOW DRAWING OF SIGN:

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SIGN CONTRACTOR: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

SIGN BY: \_\_\_\_\_

ZONE: \_\_\_\_\_ DATE INSPECTED: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

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**THIS SIGN PERMIT IS VALID FOR A PERIOD OF 6 MONTHS**