Print Form

Temporary Sign Request & Authorization

Department of Planning & Development Services
300 North Park Avenue, Sanford, Florida 32771
Phone: 407.688.5140 **Fax:** 407.688.5141
www.sanfordfl.gov

Note:

- **Submittal of a request for a temporary sign does not guarantee an approval, only consideration of the request.**
- **If a requestor is a tenant in a multi-tenant building, the applicant shall fill out the authorization portion of this request and receive authorization from the property owner in order to receive approval on a temporary sign.**

Requestor:

Name: _____ Business name: _____

Business address: _____

Phone: _____ Fax: _____ Email: _____ Date: _____

Information about the sign:

Type of sign: _____

Height: _____ Width: _____

Duration of sign (dates sign will be up - maximun allowed, 14 days) From: _____ To: _____

Reason for sign/What will sign say?: _____

_____

Location: _____

Property Owner Authorization:

I, the undersigned, understand that the site is accorded a total of four (4) temporary signs per year for all tenants. I also understand that this sign constitutes as one (1) of four (4) within a twelve (12) month period (from October 1 through September 30) accorded to the site (not per tenant).

By signing below, I _____ (Property Owner\Authorized Agent Name), property owner of _____ (Property Owned (plaza name, building address, etc.)) authorize _____ (Business Name) (_____ (Business Owner's Name)) to pull a temporary sign permit for his/her business at _____ (Business Location).

Signature: _____ Print Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____ Date: _____

Official Use Only

Application No: _____ Fee: _____ Date: _____

☐ Approved ☐ Approved with conditions ☐ Denied

Approved by: _____ Date: _____