GROWTH MANAGEMENT DEPARTMENT
201 S.E. 3rd Street, Second Floor, Ocala, FL 34471
Email: building@ocalafl.org; Phone: (352)629-8421

TEMPORARY SIGN PERMIT APPLICATION

- TEMPORARY SIGN PERMITS ARE ALLOWED FOR A TWO WEEK PERIOD, FOUR TIMES PER CALENDAR YEAR, JANUARY THROUGH DECEMBER.
- PLEASE ALLOW FOR UP TO SEVEN DAYS FOR ZONING REVIEW PROCESS.
- PERMIT FEE IS $35, PAYABLE IN ADVANCE.
- **ATTACH DRAWING OF SIGNAGE INCLUDING PROPOSED COPY AND SITE SKETCH. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**
  (Please note that signage may not be placed in the public right-of-way, required parking spaces, secured to parked vehicles or in any location that would interfere with pedestrian or traffic circulation or pose an obstruction for traffic visibility.)

DATE_____ PERMIT NO. _____
(FOR OFFICE USE ONLY)

BUSINESS NAME (OWNER) _____ PHONE NO. _____

BUSINESS ADDRESS: _____

TEMPORARY PERIOD OF USE FROM _____TO _____
(TWO WEEK PERIOD)

TYPE OF SPECIAL EVENT TEMPORARY SIGNAGE IS BEING REQUESTED FOR:
_____

Number of Signs	Type (Banner, Balloons, etc.)	Dimensions	Total Square Feet

APPLICANT NAME: _____PHONE NO._____
(PLEASE PRINT)

APPLICANT EMAIL ADDRESS:_____FAX NO._____

I hereby acknowledge that I have correctly completed the above application. I hereby agree to conform to all city ordinances regarding building construction, including the securing of separate electrical permits, if necessary. In the event of any damage to improvements in the public right-of-way, I hereby agree to bear the cost of repair.

SIGNATURE _____

ZONING APPROVAL: _____ DATE: _____