

BUILDING PERMIT APPLICATION - SIGN

<p align="center">SBBC Office use only</p> <p>Project Manager: _____</p> <p>Projc./W.O. No.: _____</p> <p>Account No.: _____</p>	<p>BUILDING PERMIT APPLICATION (SIGN)</p>
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Instructions: Application must be typed or printed. Submit original copy. Complete each item.

Codes enforced by the Building Dept. Florida Building Code 2007, Florida Mechanical Code 2007, Florida Plumbing Code 2007, Florida Fuel Gas Code 2007, Florida Existing Building Code 2007, Florida Fire Prevention Code 2007, State Requirements for Educational Facilities 2007, National Electrical Code 2008

Date: _____ Permit No.: _____
BCC Office Use Only

1. Applicant: _____ Contractor Owner
First MI Last

2. Facility/School: _____ School: # _____
 Address: _____ City: _____
 Legal Description: _____ Tax Folio No.: _____

3. Proposed Work SIGN Type: _____

4. Brief Description of Work: _____

5. Project Cost: _____ 6. Square Footage: _____
 Construction Type: ____ Protected: ____ Unprotected: ____ Sprinkler: ____

7. Occupancy Classification: _____ 8. Occupancy Load: _____

9. Contracting Firm: _____

Address: _____

Phone No.: _____ Fax No.: _____ E-mail: _____

10. License Holder: _____

Address: _____

Phone No.: _____ Fax No.: _____ E-mail: _____

Qualifier: _____ License No.: _____ Exp. Date: _____ Occ. License: _____

Please submit a copy

WC Insurance: _____ General Liability Insurance: _____

Please submit a copy

(**Certificate Holder** shall be School Board of Brevard County, 2700 Judge Fran Jamieson Way, Viera, FL 32940-6699 and **Description of Operations/Locations** box shall list name of school where work being performed & SBBC is an additional insured)

11. Bonding Company: _____

Bonding Company Address: _____

City: _____ State: _____

12. Architect/Engineer: _____ License No.: _____ Exp. Date: _____

Address: _____

Phone No.: _____ Fax No.: _____ E-mail: _____

Insurance: _____

13. Submit the following documents with this application:

Wall Sign:

- Three (3) complete sets, project drawings showing complete front elevation of building wall sign will be mounting and the sq ft of wall sign/specifications, (Wall sign Shall be in compliance with FBC Chapter 16 wind loads and FBC 423.9.1 Load importance factor).
- Three (3) copies, Require Electrical Plans (showing location of panel & wire size to the required GFCI & Disconnect).

Ground Sign:

- Three (3) complete sets, project drawings/specifications, signed & sealed by the Architect/Engineer. (Shall be in compliance with FBC Chapter 16 wind loads & FBC 423.9.1 Load importance factor)
- Three (3) copies, site plan showing location and setback of sign from property lines.
- Three (3) copies, require electrical plans (showing location of panel & wire size to the required GFCI & Disconnect).

(Brevard County Schools minimum of 10 ft setback from any property line and shall not be installed in an easements)

And as part of the interlocal agreement for the regulation of comprehensive planning and load development sign shall meet the city and/or county ordinances.

NOTICE: Building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of F.S. 469.003, and to notify the Department of Environmental Protection of his/her intentions to remove asbestos, when applicable, in accordance with State and Federal law.

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 the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

Owner/Contractor 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.

14. **Signature (must be notarized)**

Signature (must be notarized)

Owner/Agent

Contractor

Printed Name of Owner (Agent)

Printed Name of Contractor

Date: _____

Date: _____

Notary as to Owner (Agent)

Notary as to Contractor

STATE OF FLORIDA COUNTY OF _____
 Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

STATE OF FLORIDA COUNTY OF _____
 Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

 (name of person making statement)

 (name of person making statement)

 (Signature of Notary Public - State of Florida)

 (Signature of Notary Public - State of Florida)

 (Print, Type, or Stamp Commissioned Name of Notary Public)

 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR produced Identification _____

Personally Known _____ OR produced Identification _____

Type of Identification Produced _____

Type of Identification Produced _____

SUBCONTRACTOR INFORMATION

Identification of minimum premium policy. Except as otherwise provided in F.S. Chapter 440, Workers' Compensation, every employer shall, as a condition to receiving a building permit, show proof that it has secured compensation for its employees as provided in F.S. 440.10 and 440.38.

SUBCONTRACTOR LISTING**ELECTRICAL CONTRACTOR**

Name: _____			
Address: _____			
Phone No.: _____		Fax No.: _____	
E-mail: _____			
Qualifier: _____	License No.: _____	Exp. Date: _____	Occ. License: _____
Please submit a copy		Please submit a copy	
WC Insurance: _____		General Liability Insurance: _____	
Please submit a copy		Please submit a copy	
Signature: _____			Date: _____

OTHER

Name: _____			
Address: _____			
Phone No.: _____		Fax No.: _____	
E-mail: _____			
Qualifier: _____	License No.: _____	Exp. Date: _____	Occ. License: _____
Please submit a copy		Please submit a copy	
WC Insurance: _____		General Liability Insurance: _____	
Please submit a copy		Please submit a copy	
Signature: _____			Date: _____

OTHER

Name: _____			
Address: _____			
Phone No.: _____		Fax No.: _____	
E-mail: _____			
Qualifier: _____	License No.: _____	Exp. Date: _____	Occ. License: _____
Please submit a copy		Please submit a copy	
WC Insurance: _____		General Liability Insurance: _____	
Please submit a copy		Please submit a copy	
Signature: _____			Date: _____

**Office Use Only
ROUTING & RESULTS**

Date Submitted: _____ By: _____ Comments:

Date Reviewed: _____ By: _____ Comments:

Date Resubmitted: _____

Date Reviewed: _____

Date Received Contractor Licenses: _____ Comments:

Comments:

Plan Review Tracking Permit No.: _____

Reviewed by:	Date Reviewed:	Date Forwarded:	Initials:	Reviewer's Comments:	Date Final Review:
Building Dept. Office					
Permit Technician					
Fire Inspector					
Plans Examiner					

Approved Approved as Noted: _____

By: _____ Date: _____
Plan Examiner

Approved Approved as Noted: _____

By: _____ Date: _____
Fire Inspector

Approved Approved as Noted: _____

By: _____ Date: _____
Building Official

