

Alachua County
Department of Growth Management
10 SW 2<sup>nd</sup> Ave., Gainesville, FI 32601
<a href="http://growth-management.alachuacounty.us">http://growth-management.alachuacounty.us</a>

Submit Application to: Building Division

building@alachuacounty.us Tel. 352.374.5243 Fax. 352.491.4510

## **SIGN PERMIT APPLICATION INFORMATION**

Alachua County ULDC - Ch. 407. Article 3 Signs

PROPERTY DESCRIPTION		
Property Owner/DBA:		
Development Name (if applicable):		
E-911 Address: Value of Construction (job cost):		
Tax Parcel #:	Section: Township	o: Range:
CONTRACTOR INFORMATION		
Contractor:	Alachua County Certification #:	
Contact Name:	Phone: ()	Email:
Mailing Address:	City:	State: Zip:
TYPE OF SIGN(S)		
☐ Freestanding Sign	☐ Projecting Sign	☐ Window or Door Sign
☐ Building Sign	☐ Awning Sign	☐ Other
☐ Development Entry Sign	□ Portico or Entry Sign	
SIGN AREA CALCULATIONS FOR PERMANENT SIGNS IN NONRESIDENTIAL DEVELOPMENT		
BUILDING SIGNS		
• Front building elevation of principal building or of storefront for tenant: Length x Height = square feet of Building Elevation		
square feet of Building Elevation x 25% = <b>square feet of Total Area of <u>Allowable</u> Building Signage square feet of Total Area of <u>Proposed</u> Building Signage</b>		
• For multi-tenant buildings: <b>Maximum</b> # of building signs = # of public entrances on principal building(s) + 2 =		
Proposed number of building signs =		
FREESTANDING SIGNS  Output like sight of signs.		
Sign area:      Overall height of sign:      Type of illumination:		
ELECTRONIC MESSAGE CENTERS  Total circumstate Control		
• Total sign area = square feet x 20% = square feet of LED sign area < 10 square feet Maximum Allowable		
REQUIRED ATTACHMENTS		
☐ Site plan locating all existing and proposed signs		
<ul> <li>□ Dimensioned building elevations with proposed signs</li> <li>□ Dimensioned details of all proposed signs including materials and existing and proposed lighting</li> </ul>		
FOR BUILDING DIVISION USE ONLY		
Permit Number: Date Received: Building Specialist Initials:		
APPROVED: Yes \( \sigma\) No \( \sigma\)	Dullulity S	occians muais.
Director of Growth Management or Designee: Date:		