

CITY OF SPRINGFIELD

3529 East Third Street
Springfield, Florida 32401
(850) 872-7570 * (850) 747-5663 fax
www.springfieldfl.gov



File Number: _____

SIGN PERMIT REQUEST

CONTRACTOR/ QUALIFIER: _____
PHONE: (____)- _____

CONTRACTOR LICENSE NUMBER: _____
BUSINESS JOB FOR: _____

CONTACT PERSON: _____
STREET ADDRESS: _____

JOB SITE ADDRESS: _____

LEGAL DESCRIPTION: _____

LOT: _____ BLOCK: _____ SUB/DIV: _____

PROJECT TYPE: _____

ON PREMISE SIGN: _____ OFF PREMISE SIGN: _____

DESCRIPTION OF WORK PERFORMED UNDER THIS PERMIT

_____ ILLUMINATED: _____

_____ NON-ILLUMINATED: _____

PLEASE ATTACH COMPLETE DIAGRAM:

JOB VALUE: _____
AREA ON ONE SIDE: _____ SQ. FT.
HEIGHT: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

THIS APPLICATION MUST BE SUBMITTED TO THE CITY OF SPRINGFIELD PLANNING BOARD