

VERO BEACH SIGN REVIEW APPLICATION
 City of Vero Beach Department (772) 978-4550 [Fax 772-778-3856]
 PO Box 1389 – 1053 20th Place, Vero Beach, FL 32961-1389

SIGN LOCATION: _____
 Address

BUILDING OWNER: _____
 Name Address Phone & FAX

TENANT: _____
 Name Address Phone & FAX

CONTRACTOR: _____
 Name Address Phone & FAX

APPLICANT IS (check one): Building Owner Contractor Tenant

TOTAL COST OF ALL SIGNS PROPOSED ON THIS APPLICATION: \$ _____

LIST THE SQUARE FOOTAGES OF ALL EXISTING SIGNS:

Façade: 1) _____ 2) _____ 3) _____ 4) _____

Freestanding: 1) _____ 2) _____ 3) _____ 4) _____

Attach another sheet if additional space is required. Please show all existing signage on drawings.

Total # of sign applied for under this application (circle one): 1 2 3 4 [More: # _____]

Please list each proposed sign individually on Page 2 and include the necessary drawings.

If it is determined that there has been any misrepresentation on this application or exhibits submitted, that shall be considered sufficient cause for revocation of this permit by the City. See City Code Section 38.08(a).

Applicant Signature: _____
 Date

Property Owner Signature: _____
 Date

Print Owner Name: _____

CITY OF VERO BEACH SIGN APPROVAL CERTIFICATE

Review Fee: \$ _____ After Fact Review Fee: \$ _____ Approval #: _____

Zone: _____ Parcel ID #: _____

Approved for the (#) _____ signs described herein by:

Approved: _____ Date: _____

VERO BEACH SIGN REVIEW APPLICATION

Listing for Proposed Signs

This certificate is void unless approved by the proper City officials.

IMPORTANT NOTICE: YOU MUST SECURE A BUILDING PERMIT PRIOR TO ON-SITE CONSTRUCTION, INSTALLATION, OR ALTERATION ACTIVITY. A COPY OF THIS APPLICATION WILL BE PROVIDED TO THE INDIAN RIVER COUNTY BUILDING DEPARTMENT.

SIGN LOCATION: _____
Address

#1 PROPOSED SIGN:

Number of ballasts: _____

Type [check]: Façade _____ Freestanding _____

Type of material to be used:

Sign Dimensions: _____

Length: _____ *Freestanding signs only:*

Width: _____ Height: _____

Sq. Ft.: _____ Setback: _____

Building façade square footage
(for façade signs): _____

Sign Message: _____

Please attach 3 copies of dimensioned drawings showing this sign & its placement on the building or property.

#2 PROPOSED SIGN:

Number of ballasts: _____

Type [check]: Façade _____ Freestanding _____

Type of material to be used:

Sign Dimensions: _____

Length: _____ *Freestanding signs only:*

Width: _____ Height: _____

Sq. Ft.: _____ Setback: _____

Building façade square footage
(for façade signs): _____

Sign Message: _____

Please attach 3 copies of dimensioned drawings showing this sign & its placement on the building or property.

#3 PROPOSED SIGN:

Number of ballasts: _____

Type [check]: Façade _____ Freestanding _____

Type of material to be used:

Sign Dimensions: _____

Length: _____ *Freestanding signs only:*

Width: _____ Height: _____

Sq. Ft.: _____ Setback: _____

Building façade square footage
(for façade signs): _____

Sign Message: _____

Please attach 3 copies of dimensioned drawings showing this sign & its placement on the building or property.

#4 PROPOSED SIGN:

Number of ballasts: _____

Type [check]: Façade _____ Freestanding _____

Type of material to be used:

Sign Dimensions:

Length: _____

Freestanding signs only:

Width: _____

Height: _____

Sq. Ft.: _____

Setback: _____

Building façade square footage

(for façade signs): _____

Sign Message: _____

Please attach 3 copies of dimensioned drawings showing this sign & its placement on the building or property.