



City of Alachua

BUILDING DEPARTMENT
PO BOX 9
ALACHUA, FL 32615
PHONE: (386)418-6120 * FAX: (386)418-6130

SIGN PERMIT APPLICATION

*****PERMIT EXPIRES 180 DAYS FROM DATE OF ISSUE*****

FOR OFFICE USE ONLY:

Form with fields for Applicant/Contractor, Property Owner Name, Job Address, Full Description of Each Sign, Total Number of Signs, Structure, Display Area, Parcel#, Zoning, Setbacks, Dimensions, and Valuation of Work. Includes a WARNING TO OWNER section with three numbered points.

Signature of Contractor / Owner, Date, STATE OF FLORIDA, COUNTY OF ALACHUA, Sworn to and subscribed before me this ___ day of ___, 20___, by ___, who is [] personally known to me, or [] who presented identification. Type of identification: ___. Notary Public, State of Florida

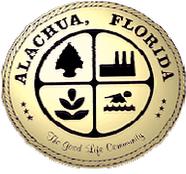
PERMIT COST:
PLAN REVIEW:
ZONING FEE:
SURCHARGE FEE:
TOTAL:

PERMIT APPROVED BY: Building Official Signature Date, Planning & Zoning Signature Date

CITY OF ALACHUA BUILDING DEPARTMENT

Instructions for filling out the Sign Permit Application

1. In the Applicant/Contractor box, put in the Contractor Company Name with a contact person's name if job is to be done by a contractor. If Owner/Builder, put Owner's name as applicant.
2. In the Applicant/Contractor Address box, put in the Contractor's mailing address, including city, state and zip code.
3. In the Applicant/Contractor Phone, please list an office number as well as a cell number for the contact person.
4. In the License # box, please write in the Contractor's State License Number.
5. In the Property Owner Name, please write the property owner's name.
6. In the Property Owner's Address box, please list the property owner's mailing address, including city, state, and zip code, so a copy of the Construction Lien Law can be mailed to the property owner.
7. In the Property Owner Phone, please list a telephone number for the property owner.
8. In the Job Address box, please list the physical address of the job site, if known.
9. In the Driving Directions to Job Site box, please give specific driving directions to the job site from the City of Alachua Building Department.
10. Please fill in the Total Number of Signs for which you are applying for in the permit. For each different size sign, please fill in Number then size.
11. Please mark what the structure of the sign will be made of, then mark what the display area of the sign will be made of.
12. Please fill in the parcel number of the property and the Section/Township/Range.
13. If the Zoning and Setbacks of the property is known, please fill in, otherwise leave blank.
14. Please fill in the appropriate dimensions.
15. Please furnish a copy of the cost of the signs and installation costs.
16. You must sign the application in front of a notary.
17. You must fill out a **Zoning Permit Application** and submit it with your application.
18. You must submit two (2) complete sets of drawings and engineering plans for all signs to be located on the property.
19. You must submit two (2) site plans showing the setbacks on the property and the placement of each sign on the property. All easements and utilities must be shown on the site plan.
20. If the property is leased, you must provide a copy of the lease agreement from the owner of the property.
21. For further guidance, please refer to the City of Alachua's Sign Ordinance, (a copy of which is available at the Building Department).



City of Alachua Application for Certificate of Land Development Regulations (LDR) Compliance

FOR OFFICE USE ONLY	
<input type="checkbox"/> Approved	Planner Signature: _____
<input type="checkbox"/> Denied	_____
<input type="checkbox"/> Approved with conditions listed below	
Amount Paid: _____	Receipt Number: _____

You must have all information for your application to be considered complete. Incomplete applications will not be accepted.

A. PROCESS

1. Zoning Approval (Certificate of LDR Compliance)
2. Building Department Approval (Building Permit, Change of Use Permit, Change of Occupancy, and/or Local Business Tax Registration Form, as required for type of development activity).
3. Pay Local Business Tax, if applicable.

B. PERMIT/LICENSE/RECEIPT TYPE (CHECK ALL THAT APPLY):

- | | | |
|----------------------------------------------------------|----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Local Business Tax Registration | <input type="checkbox"/> Commercial New | <input type="checkbox"/> Residential New |
| <input type="checkbox"/> Mobile Home Install | <input type="checkbox"/> Commercial Addition | <input type="checkbox"/> Residential Addition |
| <input type="checkbox"/> Pool/Spa Install | <input type="checkbox"/> Manufactured Home | <input type="checkbox"/> Screen/Glass Enclosure |
| <input type="checkbox"/> Storage Shed | <input type="checkbox"/> Barn | <input type="checkbox"/> Other: _____ |

PROJECT

1. Project/Business Name (if applicable): _____
2. Current Occupant: _____
3. Address of Subject Property: _____
4. Parcel ID Number(s): _____
5. Subdivision: _____ Unit: _____ Block: _____ Lot: _____
6. Existing Use of Property: _____
7. Proposed Use of Property: _____
8. Type of Construction Proposed: _____
9. Number of Existing Structures on the Property: _____
10. Number of Striped Parking Spaces on Site: _____
11. Gross Square Footage of Building, Pool, etc.: _____
12. Unit/Suite Square Footage: _____

C. APPLICANT

1. Name of Applicant(s) or Contact Person(s): _____ Title: _____
 Company (if applicable): _____
 Mailing address: _____
 City: _____ State: _____ ZIP: _____
 Telephone: () _____ FAX: () _____ e-mail: _____

I/We certify and acknowledge that:

1. Prior to receiving a final certificate of occupancy I /We must comply with the current Florida Building Code through the Building Department and obtain any necessary permits.
2. I/We must comply with the requirements of the Alachua County Fire Marshall.
3. I /We must obtain a Local Business Tax Receipt.
4. I/We must meet parking standards and any use specific standards for the zoning district
5. Falsifying information on this Application for Certificate of LDR Compliance may result in the Certificate of LDR Compliance being revoked.

Signature of Applicant

Signature of Co-applicant

Typed or printed name and title of applicant

Typed or printed name of co-applicant

Date

Date

State of _____ County of _____

The foregoing application is acknowledged before me this _____ day of _____, 20____, by _____, who is/are personally known to me, or who has/have produced _____ as identification.

NOTARY SEAL

Signature of Notary Public, State of _____

Office Use Only:

Review Date: _____

FLUM: _____

Tax Parcel Number: _____

Zoning District: _____

Setbacks: F _____ R _____ SR _____ SL _____ Not Applicable: _____

Parking Standard for Use Type: _____

Number of Parking Spaces Provided: _____

Use Specific Standards Applicable: Yes No If yes, LDR Section Number: _____

Accessory Use Standards Applicable: Yes No If yes, LDR Section Number: _____

Previous Site Plan Approval: Yes No If yes, Date of Approval: _____

Home Occupation: Yes No If yes, has "Home Occupation Addendum" to LBT

Alcoholic Beverage License Required: Yes No Application been submitted?

Change of Use Permit Required: Yes No

Flood Zone: _____ BFE _____ FFE _____

Located in Wellfield Protection Zone: Yes No

Comments/Conditions of Approval: _____

Sign and fill in the box located at the top right corner of page one (1).

PERMIT # _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA COUNTY OF ALACHUA CITY OF ALACHUA

THE UNDERSIGNED hereby gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

DESCRIPTION OF PROPERTY:

LOT _____ BLOCK _____
SECTION _____ TOWNSHIP _____ RANGE _____
TAX PARCEL # _____
SUBDIVISION: _____ PLATBOOK: _____ MAP PAGE# _____
STREET ADDRESS: _____

GENERAL DESCRIPTION OF IMPROVEMENT:

TO CONSTRUCT: _____

OWNER INFORMATION:

OWNER (S) NAME: _____
ADDRESS: _____ PHONE NUMBER _____
CITY: _____ STATE _____ ZIP CODE _____
INTEREST IN THE PROPERTY: _____
FEE SIMPLE TITLEHOLDER NAME: _____
FEE SIMPLE TITLEHOLDER ADDRESS: _____
(IF OTHER THAN OWNER)

CONTRACTOR NAME: _____
ADDRESS: _____ PHONE NUMBER _____
CITY: _____ STATE _____ ZIP CODE _____

BONDING COMPANY: _____
ADDRESS: _____ PHONE NUMBER _____
CITY: _____ STATE _____ ZIP CODE _____

LENDER NAME: _____
ADDRESS: _____ PHONE NUMBER _____
CITY: _____ STATE _____ ZIP CODE _____

Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1) (a) 7., Florida Statutes.

NAME: _____ ADDRESS _____
In addition to himself, Owner designates _____
Of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

Expiration date is 1 year from date of recording unless a different date is specified.

SIGNATURE OF OWNER

SWORN to and subscribed before me this _____ day of _____ A. D. 20 ____.
Notary Public _____ My commission expires _____

Signature

***WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.