

## **City of Venice**

401 W Venice Ave., Venice, FL 34285 Phone (941) 486-2626 Fax (941) 486-2448



## Sign Permit Application

Address of Sign Location	on:			
Property Owner:		Phone:		
Contractor DBA:		City Registration #:		
Contractor's Address: _				
Contractor License #: _	Er	nail:		
Phone:		_ Fax:		
TYPE OF SIGN	SIGN MA	TERIAL	VALUE	
GROUND	FACE	COST	\$	
WALL	FRAME	ILLUMINA	ATED	
OTHER	SUPPORT	NON- ILLUMINA	ATED	
		SINGLE I	FACE	
SIGN SQ.FT		DOUBLE	FACE	
SIGN HEIGHT				
	d Sign:			
		(Signature of Qu	ualifier)	
State of Florida, Count Sworn to (or affirmed) an	y of Sarasota d subscribed before me th	is day of	20	
Personally known	or Identification Produce	d		
(Signature of N	otary)	SEAL		
	Initial	Date In:	Date Out:	
Zoning Approval		2000 1111	2000 0 400	
Building Approval				