## City of Port St. Joe Sign Permit Application

Owners Name:\_\_\_\_\_

Address of Sign Location:\_\_\_\_\_

\_\_\_\_\_Port St. Joe, Fl. 32456\_\_\_\_

Phone Number:\_\_\_\_\_

Property Tax ID Number:\_\_\_\_\_

Zoning of Property:\_\_\_\_\_

\*\*Items needed for approval: \$25 application fee, picture of proposed sign, dimensions and a site plan for the location of the sign. \*\*

**Property Owners Name** 

Property Owners Signature

Date

Approval:

Approving Authority

Date