



CITY OF VENICE SIGN PERMIT

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

V. T. District
H. District

ADDRESS OF SIGN LOCATION:	
PROPERTY OWNER:	
PHONE:	
CONTRACTOR DBA:	LICENSE #:
CONTRACTOR'S ADDRESS:	EMAIL:
CITY REGISTRATION #: _____ FAX #: _____ PHONE #: _____	

TYPE OF SIGN		SIGN MATERIAL		VALUE	
GROUND		FACE		COST	\$
WALL		FRAME		ILLUMINATED	
OTHER		SUPPORT		NON-ILLUMINATED	
				SINGLE FACE	
SIGN SQ. FT				DOUBLE FACE	
SIGN HEIGHT					

DESCRIPTION OF PROPOSED SIGN: _____

Signature of Qualifier

State of Florida, County of Sarasota
Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____

Personally known or Identification produced _____

Signature of Notary

SEAL

*** STAFF USE ONLY:***

	Initial	Date in :	Date out :
Zoning Approval:			
Building Approval:			

Amount:	Permit #:
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PLEASE NOTE:

It is the responsibility of the contractor of record to call for all required inspections if applicable. In any case, **a final inspection is required.** Final inspection shall include placement of identification tag by the inspector.