



CITY OF PARKER

1001 WEST PARK STREET • PARKER, FLORIDA 32404
TELEPHONE (850) 871-4104 • FAX (850) 871-6684

CITY OF PARKER SIGN APPLICATION

Date of Submittal: _____
DO Permit #: _____
Land Use Designation: _____
Parcel ID#: _____
Comments: _____

Expiration: _____
(90 calendar days from today)

Owner/Applicant Information

Name of Owner/Applicant _____
Address _____
Telephone _____ Email: _____

Name of Contractor (if applicable) _____
Address _____
Telephone _____ Email: _____

Site Information

Sign site location: _____
(must include address)

Designated type of sign _____

Setback from public right of way _____

Sign/Structure Information

Principal use of sign _____

Type of sign _____

Electrical components of sign _____

Dimensions of sign _____

Material components of sign _____

Type structural supports to be used _____

Number/square footage of other signs on premises _____

Height of sign as measured from grade of street _____

Principal color of sign _____

I hereby certify that the information provided herein is true and correct to the best of my knowledge and that I am familiar with the city regulations covering the erection, maintenance and placement of signs within the city.

Signature of Applicant/Contractor _____

Date _____

To EPCI Building Department: Please be advised that you may issue a building permit to the above named applicant/contractor on behalf of the City of Parker.

Permit Review Fee: \$125.00 Paid: Cash _____ Check _____

City of Parker

Signature of approval