

## Town of St. Leo

P.O. Box 2479, 34544 County Road 52 Saint Leo, Florida 33574

> Phone: 352-588-2622 Fax: 352-588-3010

TownClerk@TownofStLeo.org www.TownofStLeo.org

## **Sign Permit Application**

Applicant (title holder[s])

DATE SUBMITTED	
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All applications are to be filled out completely and correctly, and submitted in person (no fax or deliveries) to the Town Clerk by the scheduled deadline date. The applicant, by filing this application agrees he/she will comply with all requirements of the Town of St. Leo Land Development Code (LDC).

IT IS INCUMBANT UPON THE APPLICANT TO SUBMIT CORRECT INFORMATION. ANY MISLEADING, DECEPTIVE, INCOMPLETE OR INCORRECT INFORMATION MAY INVALIDATE THE APPROVAL.

Applicant's Address	
Phone Fa	exEmail
Representative (Affidavit of Authorizat	ion /Ownership is required)
Phone Fa Architect/Engineer/Planner/ Contractor	ax Email
Architect/Engineer/Planner/ Contracto	r
Address	
Phone Fa	ex Email Parcel #
Legal Description	Parcel #
Legar Description	
Property Address	
ZONING DISTRICT FOR PROPOSED	SIGN: TYPE OF SIGN:
Residential	Permanent
Business	Temporary
Institutional	Illuminated
Agricultural	
Permanently Open Space	
SIGN SPECIFICATIONS	
CONTRACTOR	TELEPHONE
ADDRESS	
EMAIL	FAX
INCLUDE IN APPLICATION:	
	ng of the proposed sign (including sign height, design features, area, text and/or logo),
	treets and property boundaries, and any additional information deemed necessary by the
_	to adequately review the sign permit application
2. A Certificate of Liability & Workers Compensation Insurance listing the Town of St. Leo as an additional insured	
FEE: The applicant will be billed a \$50.00 a	application fee and for the actual expenses related to the Town of St. Leo's Attorney,
Planning Consultant and other Town of St.	Leo staff review of the application. This may include, but is not limited to: cost of public
notices, time spent reviewing the applicati	on for completeness, site inspection(s), preparing a report to the Town Commission,
telephone conversations and/or written co	prrespondence to the applicant and others, attending any meetings with the applicant and
attending public hearings. The Town Com	mission may request an advanced partial payment based on an estimate of the Planning
Consultant and Attorney fees and expense	S.
Signature of Title Holder(s)/Owner(s)	
	Date
	Associated Fee Total \$ Date Associated Fees Paid