



BAY COUNTY COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING AND ZONING DIVISION
840 West 11th Street, Room 2350
Panama City, Florida 32401
(850) 248-8250 FAX (850) 248-8267
e-mail: [planning @ baycountyfl.gov](mailto:planning@baycountyfl.gov)

APPLICATIONS FOR OFF-PREMISE SIGNS MUST INCLUDE THE FOLLOWING SUBMITTAL INFORMATIONS:

1. **PERMIT FEE:** A PERMIT FEE OF **\$210.00** IS REQUIRED FOR ALL OFF-PREMISE SIGN PERMITS AND SHALL BE PAID PRIOR TO PROCESSING THE APPLICATION. PAYMENT SHALL BE MADE PAYABLE TO BAY COUNTY PLANNING AND ZONING DIVISION, 840 West 11th Street, Room 2350, PANAMA CITY, FL 32401
2. **COPY OF DEED AND PID NUMBER:** A COPY OF THE DEED WITH FULL LEGAL DESCRIPTION ALONG WITH THE **PARCEL ID NUMBER** OF THE PARCEL WHERE THE SIGN WILL BE LOCATED.
3. **COPY OF LEASE/LETTER OF AUTHORIZATION:** IF THE APPLICANT IS NOT THE OWNER OF THE PROPERTY ON WHICH THE SIGN IS TO PLACED, A COPY OF THE LEASE AS WELL AS A NOTARIZED LETTER OF AUTHORIZATION FROM THE PROPERTY OWNER MUST BE PROVIDED.
4. **MAP:** A GENERAL VICINTIY OR LOCATIONS MAP DRAWN OR SHOWN TO SCALE THE SITE LOCATION.
5. **PHOTOGRAPHS:** PROVIDE PHOTOGRAPHS OF THE TWO NEAREST OFF-PREMISE SIGNS REFERENCED IN SECTION "C" OF THE PERMIT APPLICATION.
6. **ATTACH WRITTEN NOTIFICATION FOR PERMIT(#)
AND LOCATION OF SIGN TO BE RELINQUISHED, IF APPLICABLE.**

APPLICATIONS MUST INCLUDE THREE SETS OF THE FOLLOWING:

7. **SITE PLAN:** DRAWN TO A SCALE OF NO GREATER THAN 1"=40' WITH A NORTH ARROW, WHICH SHALL INDICATE THE DIMENSIONS OF THE PARCEL, LOCATION OF EXISTING BUILDING(S) AND SIGN(S) AND DIMENSIONS OF THE SETBACKS FROM THE SIDE AND FRONT LOT LINES. ALSO INDICATE LOCATION OF NEW SIGN(S) SHOWING DIMENSIONS OF THE NEW SETBACKS FROM THE SIDE AND FRONT LOT LINES.
8. **STRUCTURAL DRAWINGS:** A SCALE STRUCTURAL DRAWING OF THE SIGN(S) MUST BE PROVIDED WHICH INCLUDES A CROSS-SECTION DRAWING AND DETAILS OF ALL CONNECTIONS, GUY-WIRES, SUPPORTS, FOOTINGS, AND MATERIALS USED. THESE DRAWINGS MUST BE SEALED BY AN ENGINEER LICENSED TO PRACTICE IN THE STATE OF FLORIDA.

**CHECKLIST FOR CHANGES/MODIFICATIONS TO AN
EXISTING SIGN**

1. Type of sign(s) involved: Free-standing sign ___ Wall sign ___ Both ___
2. Is the existing sign(s) Non-Conforming? Yes ___ No ___
3. Is an increase in size (sq .ft.), height (ft.), mass, or bulk involved?* Yes ___ No ___
If yes, Provide details of proposed increase by illustrating existing and proposed sign,
including dimensions.

For Free-standing Signs:

4. Does the existing sign(s) meet the setback requirement from property line to leading edge of sign? Yes ___ No ___
5. What is the distance (in feet) from the property line to leading edge of sign? _____
6. Total height of sign (in feet): Existing _____ Proposed _____
7. Distance from grade to bottom of sign (in feet): Existing _____ Proposed _____

***Non-Conforming signs shall not be increased in size,
including additional square feet, height, mass, or bulk.**



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OFF PREMISE SIGN PERMIT APPLICATION

Must have SR-2, C-1, C-2, C-3, IND-1 or IND-2 Zoning and a FDOT Permit.

**** THIS PERMIT EXPIRES 6 MONTHS FOLLOWING APPROVAL ****

File No: _____ Application Received: _____
 (To be completed by Staff) (To be completed by Staff)

(A) APPLICANT/OWNERSHIP INFORMATION (PLEASE PRINT OR TYPE)

- I. Applicant Name: _____
 The Applicant is the: A) Property Owner _____ or; B) Authorized Agent _____
 (If the applicant is an agent, attach a signed statement from the property owner granting permission for the agent to obtain any necessary permits.)
 Applicant Address: _____
 E-Mail Address: _____
 Applicant Phone: (____) _____ Fax: (____) _____
- II. Property Owner Name: _____
 Property Owner Address: _____
 E-Mail Address: _____
 Property Owner Phone: (____) _____
- III. Sign Contractor Name: _____
 Sign Contractor Address: _____
 E-Mail Address: _____
 Sign Contractor Phone: (____) _____ Fax: (____) _____

(B) PARCEL INFORMATION

PARCEL I.D.#: _____
(REQUIRED)

Street Address Where Sign To Be Located: _____

Current Use Of Property: _____

Zoning Designation of Property: _____

DO NOT WRITE IN THIS AREA

FOR OFFICIAL USE ONLY

Date Application Deemed Incomplete (If Applicable): _____

Date Application Deemed Complete: _____

Date Application Reviewed: _____ Reviewed By: _____

	<u>Permissible</u>	<u>Proposed</u>
Number of Signs Allowed	_____	_____
Total Sign Area Allowed	_____	_____
Minimum Distance From Property Lines (Front, Sides)	_____	_____
Sign Height	_____	_____

Comments: _____

Application **Approved** For Transmittal To Builders' Services Division: _____
(Affix Planning Division Stamp and Date)

Application **Denied** For Transmittal To Builders' Services Division: _____
(Affix Planning Division Stamp and Date)