



# SIGN PERMIT REVISION / RESUBMITTAL APPLICATION

APPLICANT SERVICES  
(850) 891-7125

BUILDING INSPECTION  
(850) 891-7050

Mailing: 300 S. Adams St., B-28  
Tallahassee, Florida 32301

Location: 435 N. Macomb St.  
Tallahassee, Florida 32301

## SIGN REVISION / RESUBMITTAL REQUEST

\_\_\_\_ Resubmittal                      \_\_\_\_ Revision

**2 COPIES OF PLANS REQUIRED**

Application date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Active Sign Permit # \_\_\_\_\_

Staff Initials Taking Revision \_\_\_\_      Resub Routing # \_\_\_\_\_

### TO BE FILLED OUT BY APPLICANT

Project Name: \_\_\_\_\_

Project Street Address: \_\_\_\_\_

Contractor / Agent: \_\_\_\_\_

Contact: \_\_\_\_\_                      Phone: \_\_\_\_\_

Fax: \_\_\_\_\_                              Email: \_\_\_\_\_

Type of Sign: \_\_\_\_\_

Original Construction Value: \$ \_\_\_\_\_ Increase in Construction Value: \$ \_\_\_\_\_

Description of Revision from Original Permit:  
\_\_\_\_\_  
\_\_\_\_\_

Signature of contractor or authorized Agent                      Date

### STAFF USE ONLY

Sign Plans Examiner Initials: \_\_\_\_\_      Date: \_\_\_\_\_

Zoning Review Sign off: \_\_\_\_\_

Environmental Review Sign off: \_\_\_\_\_

Revision/Resubmittal fees: \_\_\_\_\_