

OFF-SITE SIGN DEMOLITION PERMIT APPLICATION GROWTH MANAGEMENT: BUILDING / PLANNING

201 S.E. 3rd Street, Second Floor, Ocala, FL 34471 (352) 629-8421 (352) 629-8529 (352) 671-8460 Email permit to: Building@ocalafl.org

SIGN INFORMATION:

Sign location (property addre	ess):		Pa	arcel #:	
Off-Site Sign company:		Address:			
Contact Person:	Phone: _		Email:		
Provide the City ID#, Company ID#, FDOT Tag# (if applicable), & square footage of each sign face to be removed:					
City ID #	Company ID #	FDOT	Tag #s	Square Footage	
(1)					
(2)					
(3)					
(4)					
.,					
CONTRACTOR:					
Contractor Business Name:			_Contact Person	:	
Phone #:	Fax #:	Email A	ddress:		
License Holders Name:					
State License #:	City Comp. #:				
Physical Address:	C	ity:	State:	Zip:	_
Mailing Address:	C	ity:	State:	Zip:	-
Bonding Company Name:					
Mailing Address:		_ City:	State: _	Zip:	
Contractor Acknowle	edgement:				
Contractor agrees and ack service to the structure and underground demolition wor	shall have all undergro				
Contractor signature:			Date _		
Print name:					