Community Development

Zoning Division

18400 Murdock Circle, Port Charlotte, FL 33948

Phone: (941) 743-1964 Fax Number: (941) 743-1598

www.charlottecountyfl.com

"To exceed expectations in the delivery of public services"

CRA Temporary Advertising Device Permit Application

Application Date: _____ Receipt Number: _____

Application Received By: _____

The Application for a permit to display one or more temporary advertising devices must be submitted to the Charlotte County Zoning Office a minimum of three (3) days prior to the beginning of the display period with a $20.00 permit fee and a complete application may need to be reviewed by the CRA Committee.

Applicant's Name: _____ Business Requesting Permit: _____

Address of Business: _____

City: _____ State: Zip Code: Telephone No. _____

Lot: _____ Block: Subdivision: _____ Unit Section: _____

Section: _____ Township: _____ Range: _____

Please attach separate sheet if a metes & bounds description.

Existing Zoning Classification: _____

Property Owner's Name: _____

Time Period of expected display: (Time period cannot exceed thirty days)

From: _____ To: _____

Number and Size of Devices expected to be displayed: _____

(MAY NOT EXCEED 24 SQUARE FEET)

****Owner's Authorization:** *If the applicant is not the owner of the property where the Temporary Advertising Device will be displayed, the Applicant must have the owner complete the "Property Owner's Consent" section.*

Site Plan: On a separate sheet, please attach a site plan of an appropriate scale which illustrates clearly the placement of all temporary advertising devices requested under this permit application. The property lines, streets, parking lot, and any structures located on the property should also be shown on the site plan. **See last page of application.**

Affidavit

I, the undersigned, being first duly sworn, depose and say that all answers to the questions in this application, and all sketches, data and other supplementary matter attached to and made a part of the application, are honest and true to the best of my knowledge and belief. I understand this application must be completed and accurate before the application may be considered. I further agree to abide by all requirements of the temporary advertising device regulations set forth in Charlotte County Code Section 3-9-50.4 – Signs in the Charlotte Harbor CRA.

_____ _____

Signature of Applicant Printed Applicant's Name

State of Florida, County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____

by _____ who is personally known to me or who has

produced _____ as identification and who did/did not take an oath.

_____ _____

Signature of Notary Notary's typed or printed name

Commission Number _____

Property Owner's Consent

I, _____, property owner of _____, do hereby give permission to _____(business name), to place temporary advertising devices, as permitted by the Charlotte County Code Section 3-9-95 (n), at the aforementioned location.

_____ _____

Signature of Property Owner Printed Owner's Name

State of Florida, County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____

by _____ who is personally known to me or who has

produced _____ as identification and who did/did not take an oath.

_____ _____

Signature of Notary Notary's typed or printed name

Commission Number _____

Temporary Advertising Device Site Plan

****

Office Use Only:

Has the applicant been issued any other T.A.D. permits during the same calendar year? _____
If so, when?_____

Reviewed by:_____ Date Issued:_____ # of Stickers issued:_____

Permit Number/Numbers issued for this display:_____

Revised 7/16/2013