



BAY COUNTY COMMUNITY DEVELOPMENT DEPARTMENT  
PLANNING AND ZONING DIVISION  
840 West 11<sup>th</sup> 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 11<sup>th</sup> 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: \_\_\_\_\_

**(C) ADJACENT SIGNAGE INFORMATION**

Street Address/Location Of Nearest Off-Premise Sign:

\_\_\_\_\_

Distance (In Feet) To Nearest Off-Premise Sign: \_\_\_\_\_

Street Address/Location Of Nearest Off-Premise Sign:

\_\_\_\_\_

Distance (In Feet) To Nearest Off-Premise Sign: \_\_\_\_\_

**(D) PROPOSED SIGNAGE INFORMATION**

Dimensions of Sign Face Area (In Square feet): \_\_\_\_\_

Overall Sign Height (From Top to Sign Face to Ground): \_\_\_\_\_

Sign Face Clearance (From Bottom of Sign to Ground): \_\_\_\_\_

Distance From Proposed Sign Location to Property Lines: \_\_\_\_\_

Front (Right-of-Way): \_\_\_\_\_

Side: \_\_\_\_\_

Side: \_\_\_\_\_

(\*NOTE: SETBACKS – Leading edge of Sign must meet setback requirements.)

Type of **OFF-PREMISE** Sign: \_\_\_\_\_ Static  
\_\_\_\_\_ Electronic  
\_\_\_\_\_ Tri-Vision  
\_\_\_\_\_ Other (Describe) \_\_\_\_\_

**NIT Illumination:** \_\_\_\_\_ Daylight Hours  
(5,000 Maximum)

\_\_\_\_\_ Dusk to Dawn  
(500 Maximum)

Permit (#) and Location of Sign To Be Relinquished, if applicable: \_\_\_\_\_

\_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**(Please attach a letter or authorization from property owner if authorized agent is submitting application.)**

**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)

**BAY COUNTY BUILDERS SERVICES DIVISION  
SIGN PERMIT CHECKLIST  
AVOID PROCESSING DELAYS**

Please provide all applicable items listed below. This form is for building permit purposes and **not** for Planning Division submittals.

1. \_\_\_\_\_ **TWO COMPLETE SETS OF PLANS**, drawn to scale containing the site plan as approved by Planning & Zoning department. Construction drawings must indicate compliance with section 3107 of the Florida Building Code.
2. \_\_\_\_\_ **For all billboard or off premise signs in the unincorporated county**, prior to construction, a survey by a licensed surveyor shall be submitted displaying where the property should be staked at the edge of the ROW and the location of the site pole. Survey markers shall be placed by a licensed surveyor staking the edge of the ROW and the centered location of the support pole. Prior to final inspection, the applicant shall submit a certified as built plan which confirms compliance with height and setbacks approved by Planning and Zoning.
3. \_\_\_\_\_ For all **freestanding** signs, property line must be staked and identified at first inspection. If setbacks are at all questionable, the inspector will require an as built survey to verify setbacks before approval.
4. \_\_\_\_\_ Written approval from your Planning Department (City or County)
5. \_\_\_\_\_ Complete, notarized Building Permit Application.
6. \_\_\_\_\_ Verified legal address letter.

\_\_\_\_\_  
Applicant Signature

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_  
Print Applicant Name

Date: \_\_\_\_\_

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other government entities such as water management districts, state agencies, or federal agencies.



**BAY COUNTY BUILDERS' SERVICES DIVISION**  
**840 W. 11th Street, Panama City, Fl. 32401**  
**Phone: (850) 248-8350 Fax: (850) 248-8384**

**BUILDING PERMIT APPLICATION FOR A SIGN**

**NOTE: IF 180 DAYS ELAPSE WITHOUT AN INSPECTION, THIS PERMIT EXPIRES AND  
 WILL HAVE TO BE REPURCHASED**

Permit No. \_\_\_\_\_

Business Name		Contractor/Qualifier	
Owner's Name		Contact Person for this Project	
Street Address		Street Address	
City	State	City	State
Phone Number	E-mail	Phone Number	E-mail
Job/Site Address		Contractor License Number	
Parcel ID No.			
Project Type – Sign			
Description of work to be performed under this permit			
<input type="checkbox"/> Illuminated <input type="checkbox"/> Non-Illuminated			
Job Value	Area of 1 side	Height	No. of Signs
_____	_____ Sq. ft.	_____ ft.	_____
Activity-Sign (check one)	<input type="checkbox"/> on site	<input type="checkbox"/> off site	<input type="checkbox"/> portable
	<input type="checkbox"/> temporary	<input type="checkbox"/> permanent	
Plot Plan			
Signature of Applicant		Date	Permit Fee
_____		_____	_____

I, \_\_\_\_\_ certify that the Outdoor Advertising Sign will meet all the requirements in Chapter 30/ Signs of the Bay County Land Development Regulations. Also, I realize that 1,500 ft. spacing shall be determined based on valid County permits and a prior permit holder shall have priority over a later applicant in determining compliance with the spacing restrictions.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Building Official

\_\_\_\_\_  
Date