

**ATTACHED SIGNS ON-SITE PERMANENT SIGN
PLAN REVIEW APPLICATION**

Murfreesboro City Code 25 ¼ - 26

(EXCEPT PSO DISTRICTS and INTERSTATE ON-SITE SIGNS)

City of Murfreesboro
Building & Codes Department
P.O. Box 1139, 111 W. Vine Street
Murfreesboro, TN 37133-1139
Web site: murfreesborotn.gov

Telephone: (615) 893-3750
Voice/TDD: (615) 849-2689
Email: akerr@murfreesborotn.gov
bhardison@murfreesborotn.gov

Sign Plan Review Application Can Not be Accepted without a Completed Application with Required Information, Renderings and Plans – See Page 2.

A copy of the sign ordinance can be downloaded from the City of Murfreesboro web-site: murfreesborotn.gov.

Applications may be transmitted electronically, by mail or personal delivery to:
Amelia Kerr at Akerr@murfreesborotn.gov Faxed applications will not be accepted.

Project: _____ **Project Address:** _____ **Zip** _____

Applicant: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone #** _____

Email: _____

Sign Contractor: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone #:** _____

Email: _____

Property Owner: _____ **Address:** _____

City: _____ **State#** _____ **Zip:** _____ **Phone #** _____

Email: _____

CLASS OF WORK: ___ New ___ Alteration ___ Relocation ___ Demolition ___ Reconstruct

ZONING CLASSIFICATION:

___ Residential Zone (RS, RD, RM-12, RM-16, RM-22, RZ, PRD & residential PUD Districts)

___ Commercial Zone (OG, CM, CL, P, CM, R, CM, RS, 8 and PND Districts)

___ Commercial Zone (Central Business District)

___ Commercial or Industrial Zone (CH, H-I, L-I, CF Districts)

___ Commercial or Industrial Zone (PCD, and PID Districts); or Overlay Zone (GDO – 1,2, 3 and 4 and non-residential PUD Districts)

USE OF SIGN(S): ___ Tenant Sign ___ Complex Sign ___ Building ID Sign

TYPE OF SIGN(s): ___ Attached Sign (includes Awning) ___ Canopy ___ Outline Lighting ___ Strip Lighting
___ Building Material Sign

USE OF BUILDING: ___ Single Tenant
___ Multi-Tenant Separate Outside Entrance
___ Multi-Tenant Common Outside Entrance
___ Multi-Tenant Separate and Common Outside Entrances
___ Multi-Tenant Non-Residential Buildings-Single lot
___ Single or Multiple Buildings, Single Lot Mixed Vertically

Printed Applicant Name: _____

Signature: _____

Date: _____

ON-SITE PERMENANT ATTACHED SIGN APPLICATION (continued):

Project Address: _____

ILLUMINATION ** A separate electrical permit for final connection to a sign is required to be obtained prior to sign permit issuance. Electrical permit required; Yes ___ No ___

___ Existing Illumination ___ Internally ___ External (Indirect) ___ Non-illuminated
___ Push -Thru Style (Internal illumination of a sign such that only the letters or graphics are illuminated).

VALUATION: \$ _____ State General Contractors License #: _____

(Valuation is defined as the total cost of all signage together with construction and installation, including all materials, labor, site preparation, design fees, overhead and profit).

Detailed Description of sign(s) proposed (Include dimensions and square footage of each sign, height, detailed lighting information, etc.. Please do not say "See attached"): _____

PLAN REQUIREMENT CHECKLIST

PROJECT NAME: _____

Plan Review Application Will Not be Processed without the Following Information; check to show compliance.

NOTE: Generic plans will not be accepted. Colored original illustrations of the actual signs (s) to be installed must be provided.

Attached Signs

Dimensioned building elevation indicating

- ___ Position of the proposed signs on the building
- ___ Linear feet of the building frontage (Single Occupants)
- ___ Tenant frontage (Multi-tenant Complexes)
- ___ Linear feet of building elevations where signs are to be attached
- ___ Height of the proposed sign on the building/Canopy
- ___ Show all existing attached signage to remain on tenant space.

Dimensioned proposed sign plan indicating

- ___ Display surface area of the sign (Height x Length in a tight envelope)
- ___ Sign material specifications
- ___ Sign Lighting specifications

Dimensioned sign site plan indicating:

- ___ Site Specific Location of the proposed signs on building elevations
- ___ Building setbacks from the rights-of-way

******A location inspection will be performed at the time of application submittal.**

****** It is the responsibility of the applicant to request a final inspection upon completion of project.**

City of Murfreesboro
Building and Codes Department
 111 West Vine Street, Murfreesboro, TN 37133
 Phone: 615-893-3750 Fax: 615-217-3016
FINAL INSPECTION DEPOSIT AGREEMENT



Project Name: _____

THIS AGREEMENT MUST BE SIGNED PRIOR TO THE ISSUANCE OF A SIGN PERMIT

By signing this Agreement and by making the required deposit, the Applicant (and Depositor, if different) agrees that the project will be completed and a final inspection will be requested in accordance with the terms and conditions of the Sign permit, as amended or extended. In the event that the terms and conditions contained in the Sign Permit are not completed/corrected/fulfilled within the time specified, the deposit will be forfeited. In addition, unless the Applicant can prove good cause to the Director, Building and Codes department, the Applicant will not be eligible for any other sign permits until the project has passed final inspection. Forfeiture of the deposit does not constitute authority to violate or to continue to violate or to set aside any provisions of the codes or ordinances of the City, and the City shall be entitled to enforce such codes or ordinances by any available means.

It is the responsibility of those signing this Agreement to request all inspections when work is complete and all requirements have been satisfied.

Application Date: _____ Permit Number: _____ Required Completion Date: _____

Project Address: _____

Owner of Business:

Permit Applicant:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Designated Contact Person: _____ Phone: _____

SIGNATURE OF APPLICANT

PRINTED NAME

DATE

SIGNATURE OF DEPOSITOR, IF DIFFERENT

PRINTED NAME

DATE

FOR OFFICE USE ONLY:

REFUNDABLE DEPOSIT: \$75.00

ISSUE DATE: _____

INVOICE NUMBER: _____

COMPLETION APPROVAL DATE: _____

Printed Applicant Name: _____
Signature: _____
Date: _____

ON-SITE PERMANENT ATTACHED SIGN APPLICATION (continued):

Project Address: _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local ordinance regulating construction or the performance of construction.

SIGNATURE OF APPLICANT

DATE

APPLICANT PRINTED NAME

TITLE

PROPERTY OWNER'S SIGNATURE

DATE

FOR OFFICE USE ONLY

Staff Comments/Conditions: _____

Zone District: _____

Approved: _____

Date: _____

Disapproved: _____

Date: _____

Explanation:

Incomplete/Not Accepted: _____

Date: _____

Items needed: