Marion County
Board of County Commissioners

Growth Services

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2600
Fax: 352-438-2601

Temporary Sign Zoning Permit Application

Applicant's Name:_____ Phone:_____

Applicant's Address: _____

Sign #1 Address:_____ Parcel account number:_____
Property Owner's Name:_____Address:_____Ph:_____

Sign #2 Address:_____ Parcel account number:_____
Property Owner's Name:_____Address:_____Ph:_____

Sign #3 Address:_____ Parcel account number:_____
Property Owner's Name:_____Address:_____Ph:_____

Sign #4 Address:_____ Parcel account number:_____
Property Owner's Name:_____Address:_____Ph:_____

Proposed Use _____ Time of use: From _____ To _____

Attach a site plan showing location, setbacks, front and side elevations of sign with dimension for construction.

Attach written approval from property owner for placement of sign.

You will be required to place the Zoning permit number on the face of the sign using 1 ½ inch minimum height letters and numbers

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OFFICE USE ONLY

Zoning classification sign #1_____ Sec_____ Twn_____ Rge_____
Zoning classification sign #2 _____ Sec_____ Twn_____ Rge_____
Zoning classification sign #3 _____ Sec_____ Twn_____ Rge_____
Zoning classification sign #4 _____ Sec_____ Twn_____ Rge_____

Growth Services-Zoning Approval:_____ Date:_____

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Dear Growth Services-Zoning:

I hereby grant _____ permission to place a temporary sign on my property located at address_____Parcel No._____

From _____ to _____

Property owner's name: _____ Date:_____

Property owner's signature:_____