

**OFF-SITE PERMANENT GROUND SIGN
Murfreesboro City Code 25 ¼ - 27
APPLICATION FOR PLAN REVIEW**

Printed Applicant Name: _____

Signature: _____

Date: _____

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

Telephone: (615) 893-3750
Voice/TDD: (615) 849-2689
Web site: murfreesborotn.gov

Sign Plan Review Application Can Not Be Accepted Without a Complete Application with Required Information, Renderings and plans (see page 3).

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

**Applications may be transmitted electronically, by mail or personal delivery to:
Katie Morris – kmorris@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

In order to qualify for a new Off-Site Sign ALL of the following conditions must exist; check to show compliance.

_____ Sign shall:

- _____ not exceed 775 sq. ft. in area;
- _____ be setback a minimum of 5' from Rights-of-Way and 10' from power lines;
- _____ not exceed 50' in height;
- _____ be located within a CH, HI, or LI District;
- _____ be located within 200' of Interstate-24 right of way;
- _____ not be located within 1000' of any other off-site permanent sign in both directions on the same side of the interstate or street;
- _____ not be located within 1000' of an interchange or intersection at grade measured along the interstate from the nearest point of the beginning or ending of pavement widening at the exit or entrance to the main-traveled way.

OFF-SITE SIGN APPLICATION (continued):

Project Address: _____

PLAN REQUIREMENT CHECKLIST

TN ONE CALL CONFIRMATION #: _____ (Call #811 before you dig)

Date utilities will be marked _____

Plan Review Application Will Not be Processed without the Following Information;

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

State Permit number _____ **Copy of State Permit** _____

Scaled and Dimensional sign plan prepared and sealed by a registered TN engineer, Indicating:

- _____ Height of sign
- _____ Display surface area of the sign (Height x Length in a tight envelope)
- _____ Foundation and structured framing members including structural specifications
- _____ Sign materials specifications
- _____ Wind load design
- _____ Sign Lighting specifications

Scaled and Dimensional site plan prepared and sealed by a registered TN engineer, indicating:

- _____ Location of proposed sign on the site
- _____ Setbacks from the rights-of-way
- _____ Easements
- _____ Spacing from all existing ground signs to remain on the lot.

Certification of Sign Placement Form completed by sealed by a registered TN engineer or surveyor indicating the sign:

- _____ is Five (5) feet minimum of the street or interstate Right of Way.
- _____ is Ten (10) feet measured horizontally from power lines.
- _____ the sign is not located in or over any existing or proposed Public Utility or Drainage Easement. If located within an easement describe easement in space provided below.
- _____ is located within 200' of Interstate-24 right of way;
- _____ is not located within 1000' of any other off-site permanent sign in both directions on the same side of the interstate or street;
- _____ is not located within 1000' of an interchange or intersection at grade measured along the interstate from the nearest point of the beginning or ending of pavement widening at the exit or entrance to the main-traveled way.

Field markings by applicant

- _____ Leading edge of sign location marked by stake and white paint line
- _____ Utilities marked by Tennessee One-Call (811)
- _____ Certification of Sign Placement by Registered TN Engineer or Surveyor

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

******It is the responsibility of the applicant to request a footing inspection and a final inspection.**

**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 _____

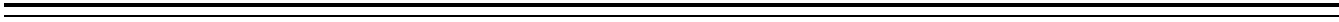
ISSUE DATE: _____

INVOICE NUMBER: _____

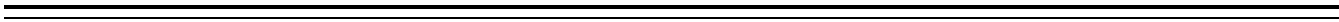
COMPLETION APPROVAL DATE: _____

OFF-SITE SIGN APPLICATION (continued):

Project Address: _____



<p>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.</p>	
_____ SIGNATURE OF APPLICANT	_____ DATE SIGNED
_____ PRINTED NAME	_____ TITLE
_____ OWNERS SIGNATURE	_____ DATE SIGNED



FOR OFFICE USE ONLY

Staff Comments/Conditions: _____

Zone District: _____ Total Square Footage: _____ Overall Height: _____

Approved: _____ Date: _____

Disapproved: _____ Date: _____
Reason: _____

Incomplete/Not Accepted: _____ Date: _____
Items Needed: _____