

INTERSTATE ON-SITE PERMANENT GROUND SIGN(S)
Murfreesboro City Code 25 ¼ - 26
PLAN REVIEW APPLICATION

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

Plan Review Application Can Not Be Accepted without a Completed Application with Required Information, Renderings and Plans.

Applications may be transmitted electronically, by mail or personal delivery to:
Teresa Stevens – tstevens@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

In order to qualify for an Interstate On-Site Sign ALL of the following conditions must exist; check to show compliance.

- A ground sign; not to exceed 200 sq. ft. in area and 50' in height;
- Setback a minimum of 10' from Rights-of-Way and 10' from power lines;
- Located within a CH, HI, LI or CF District;
- Located within 2,000' radius of the center of Interstate 24 interchange;
- On a Lot which has a minimum road frontage of 200';
- Shall not be located within 300' of a residential zone;
- All signs located on the lot shall be non-illuminated, internally or indirectly illuminated;
- Attached building signs on the lot shall not exceed 55' in height;
- The applicant will provide an "as built" survey by a Tennessee registered engineer verifying the size and height of the sign.

Printed Applicant Name: _____

Signature: _____

Date: _____

INTERSTATE ON SITE PERMENANT SIGN APPLICATION (continued):

Project Address: _____

PLAN REQUIREMENT CHECKLIST

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

NOTE: Generic plans will not be accepted. Color Original illustrations of the actual sign (s) to be installed must be provided.

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

Date Utilities will be marked _____

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

- _____ Height
- _____ Display surface area of the sign
- _____ Foundation 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:

- _____ Linear measurement of Street frontage
- _____ Location of proposed sign on the site
- _____ Setbacks from the rights-of-way
- _____ Utilities and Easements
- _____ Spacing from all existing ground signs on lot of record to remain
- _____ Sign survey showing the sign is located within 2000' radius of the center of Interstate 24 interchange
- _____ Sign Survey showing the sign is not located within 300' of a residential zone
- _____ Verification that all attached signs on the lot do not exceed 55' in height
- _____ Landscape screening around the base of the sign, specify plant materials and size

Field markings by applicant

- _____ Leading edge of sign location marked by stake and white paint line
- _____ Utilities marked by Tennessee One-Call (811)
- _____ Property pin locations or 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 accord 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 as 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: _____

INTERSTATE ON SITE PERMANENT 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

FOR OFFICE USE ONLY

Staff Comments/Conditions: _____

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

Approved: _____ Date: _____

Disapproved: _____ Date: _____

Explanation: _____

Incomplete/Not Accepted: _____ Date: _____

Items needed: _____