

**STONES RIVER MALL
ON-SITE PERMANENT SIGN
SIGN PLAN REVIEW APPLICATION**

Murfreesboro City Code - Planned Sign Overlay (PSO)

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 Required Information, Plans, Renderings (see page 3), and Written Stamped Approval from the Landlord

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:
Teresa Stevens tstevens@murfreesborotn.gov FAXED APPLICATIONS WILL NOT BE ACCEPTED.**

Business Name _____ Business Address and Unit # _____
Applicant Name: _____ Address _____ City _____
St. _____ Zip _____ Phone # _____ email: _____
Sign Contractor: _____ Address: _____ City: _____
St: _____ Zip: _____ Phone # _____ email: _____

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

TYPE OF SIGN:

(Based on Stones River Mall Signage & Graphics Specifications Sept. 6, 2006)

Site and Mall Signage

_____ Main Pylon Signs _____ Mall Directory Sign
_____ Monument Wall Sign _____ Mall Entry
_____ Vehicle Directional Sign _____ Food Court Entry

Anchor & Retail Tenant Signage

Anchor Tenant Sign:

_____ Tenant Fascia Sign _____ Tenant Entry Sign

Retail Tenant Sign:

_____ Fascia Mounted Retail Sign _____ Retail Tenant Blade Sign
_____ Optional Sign *(Permitted at Landlord & City's discretion. These signs count toward
Tenant's total allowable sign area)*
_____ Canopy Sign _____ Wall Mounted Plaques _____ Window Graphics
_____ Inlaid or Projected Floor/Sidewalk Signs

NOTE: Electronic Message Center signs as defined by the Murfreesboro Sign Ordinance are Prohibited. See prohibited signs, Murfreesboro City Code Sec. 25 1/4-24. Signs not expressly allowed are not permitted.

Printed Applicant Name: _____

Signature: _____

Date: _____

Printed Applicant Name: _____

Signature: _____

Date: _____

STONES RIVER MALL (PSO) ON-SITE PERMANENT SIGN APPLICATION (continued):

Project Address: _____

ILLUMINATION ** A separate electrical permit for final connection to a sign is required to be obtained prior to permit issuance.

Electrical Permit required: _____ YES _____ NO

_____ External (Indirect) _____ Non- illuminated

_____ Push Thru Style (Internal illumination of a sign such that only the letters or graphics are illuminated. This includes cabinet sign, channel letters and reverse channel letters)

The Illuminated Signs which are included in this application for permit are listed in accordance with the National Electric Code. The listing Number(s) are: _____

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 of sign panel, height, detailed lighting information, etc. Please do not say "See attached"): _____

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. Colored original illustrations of the actual signs (s) to be installed must be provided.

Attached Signs

Dimensioned building elevation indicating:

- _____ Position of the proposed sign in relation to the building
- _____ Linear feet of the building frontage (Single Occupants)
Tenant frontage (Multi-tenant Complexes)
- _____ Height of the proposed sign on the building
- _____ All existing attached signage (Single Occupants) or occupant signage (Multi-tenant Complexes)

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 sign
- _____ Building setbacks from the rights-of-way

Ground or Freestanding wall signs:

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

Date utilities will be located _____

Dimensioned and scaled sign plan indicating:

- _____ Height of sign
- _____ Display surface area of the sign (Height x Length in a tight envelope)
- _____ Foundation and structural framing members of the proposed sign
- _____ Sign material specifications
- _____ Sign Lighting specifications

Dimensioned and scaled utilities site plan indicating:

- _____ Linear measurement of Street frontage
- _____ Site specific location of the proposed sign
- _____ Building Setbacks from the rights-of-way
- _____ Utilities, Easements and power lines
- _____ Spacing from all existing ground signs to remain on lot
- _____ If no site plan is available Certification of Sign Placement by Registered TN Engineer or Surveyor with site exhibit showing ROW, location of sign, utilities and easements.

Field markings by applicant at time of application:

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

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

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

Printed Applicant Name: _____

Signature: _____

Date: _____

**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: _____

STONES RIVER MALL (PSO) ON-SITE PERMANENT 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 SIGNED

PRINTED NAME

TITLE

FOR OFFICE USE ONLY

Staff Comments/Conditions: _____

Zone District: _____

Approved: _____

Date: _____

Disapproved: _____

Date: _____

Explanation:

Incomplete/Not Accepted: _____

Date: _____

Items needed: