

**ATTACHED SIGNS**  
**ON-SITE PERMANENT SIGN**  
**Murfreesboro City Code 25 ¼ - 26**  
**APPLICATION FOR PLAN REVIEW**  
**(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

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

**Plan Review Application Will Not Be Accepted Without a Complete Application and Required Plans – See Page 2.**  
**Outline Lighting does require obtaining a Sign Permit**

A copy of the sign ordinance can be downloaded from the City of Murfreesboro web-site: [murfreesborotn.gov](http://murfreesborotn.gov).

Applications may be transmitted electronically, by mail or personal delivery to:  
[Tstevens@murfreesborotn.gov](mailto:Tstevens@murfreesborotn.gov) Faxed applications will not be accepted.

Project Name: \_\_\_\_\_ Project Address: \_\_\_\_\_ Suite \_\_\_\_\_ Zip \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

St: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone #: \_\_\_\_\_ email \_\_\_\_\_

Property Owner: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

St: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_ email \_\_\_\_\_

Sign Company: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

St: \_\_\_\_\_ Zip Code \_\_\_\_\_ 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 Separate 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.**

\_\_\_\_ Existing Illumination    \_\_\_\_ Internally    \_\_\_\_ 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 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**

\_\_\_\_ (1) **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.

\_\_\_\_ (2) **Dimensioned proposed sign plan indicating**

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

\_\_\_\_ (3) **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 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: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

**ON-SITE PERMENANT 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:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Zone District: \_\_\_\_\_

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Date: \_\_\_\_\_

Explanation:

**Incomplete/Not Accepted:** \_\_\_\_\_

Date: \_\_\_\_\_

Items needed: