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

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.

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

Printed Applicant Name:__________________________  Signature:____________________________  Date:________________

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
ON-SITE PERMANENT 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”): ____________________________________________

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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.
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: __________________________
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

APPLICANT PRINTED NAME

PROPERTY OWNER’S SIGNATURE

FOR OFFICE USE ONLY

Staff Comments/Conditions:

Zone District: ________________

Approved: ___________________ Date: ___________________

Disapproved: __________________ Date: ___________________

Explanation:

Incomplete/Not Accepted: ______________ Date: ______________

Items needed: