GROUND OR FREESTANDING WALL SIGNS ON-SITE PERMANENT SIGN
PLAN REVIEW APPLICATION
Murfreesboro City Code 25 ¼ - 26
(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

City of Murfreesboro       Telephone: (615) 893-3750
Building & Codes Department                Voice/TDD: (615) 849-2689
P.O. Box 1139, 111 W. Vine Street     Web site: murfreesborotn.gov
Murfreesboro, TN 37133-1139

Sign Plan Review Application Can Not be Accepted without a Completed Application with Required Information,
Renderings and 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

Project: _______________________________ Address: _____________________________________ Zip___________

Applicant: _______________________________ Address: _____________________________________

City: _____________________________________ State:______ Zip:__________ Phone #____________________

Email:____________________________________________

Sign Contractor:_____________________________ Address:____________________________________________

City: _____________________________________  State: ______Zip:________ Phone _______________________

Email:______________________________________

PropertyOwner:______________________________Address:___________________________________________

City:______________________________________ State# _____ Zip: ________ 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 ____ Development ID Sign

TYPE OF SIGN(s): ___Ground ______ Freestanding Wall Sign (monument)

USE OF BUILDING: ___Single Tenant
 ___Multi-Tenant Separate Outside Entrance
 ___Multi-Tenant Common Outside Entrance
 ___Multi-Tenant Separate and Common Outside Entrances
 ___Multi-Tenant Non-Residential Buildings-Single lot
 ___Single or Multiple Buildings, Single Lot Mixed Vertically

Print Applicant Name: ________________________    Signature:__________________   Date: _______________
ON-SITE GROUND OR FREESTANDING PERMANENT 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. Electrical permit _____Yes _____No
____ Existing Illumination       ____Internally         ____ External (Indirect)       ____ Non-illuminated
____ Push Thru Style (Internal illumination of a sign such that only the letters or graphics are illuminated).
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
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.

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

Date Utilities are to be marked ______________________

  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 full size (2’ x 3’) utility 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 available, a Certification of Sign Placement 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)
    _____ 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.

Page 2 of 4
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.*

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<th>Application Date:</th>
<th>Permit Number:</th>
<th>Required Completion Date:</th>
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**Project Address:**

<table>
<thead>
<tr>
<th>Owner of Business:</th>
<th>Permit Applicant:</th>
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<td>Name:</td>
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<tr>
<th>Phone:</th>
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<th>SIGNATURE OF DEPOSITOR, IF DIFFERENT</th>
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**FOR OFFICE USE ONLY:**

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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.

APPLICANT SIGNATURE  DATE

APPLICANT PRINTED NAME  TITLE

PROPERTY OWNER’S SIGNATURE  DATE SIGNED

FOR OFFICE USE ONLY

Staff Comments/Conditions: __________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Zone District: ___________________________

Approved: ___________________________  Date: ___________________________

Disapproved: _________________________  Date: ___________________________

Explanation: __________________________

Incomplete/Not Accepted: ______________  Date: ___________________________

Items needed:

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Revised 5/31/07/revised 7/28/08/revised 12/17/10/revised 6/16/15 Revised 7/11/17: Revised 3/7/18