THE AVENUE - MURFREESBORO
ON-SITE PERMANENT SIGN(s)
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

Sign Plan Application Can Not Be Accepted without Required Information, Plans and Renderings (see page 3) and Written Stamped approval from the Landlord.

A copy of the City 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

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Business Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenant Unit</td>
<td>Square Foot Tenant Space</td>
</tr>
<tr>
<td>Applicant Name</td>
<td>Address City</td>
</tr>
<tr>
<td>St. Zip</td>
<td>Phone # email</td>
</tr>
<tr>
<td>Sign Contractor Name</td>
<td>Address City</td>
</tr>
<tr>
<td>St. Zip</td>
<td>Phone # email</td>
</tr>
</tbody>
</table>

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

TYPE OF SIGN:
(Based on The Avenue – Murfreesboro Signage & Graphics Criteria Dec. 6, 2011 Revision 4)

<table>
<thead>
<tr>
<th>Tenant Signage (page 3-10)</th>
<th>Outparcel Signage (page 38)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vertical Wall Sign</td>
<td>Single Tenant</td>
</tr>
<tr>
<td>Building Wall Sign</td>
<td>Building Wall Sign</td>
</tr>
<tr>
<td>Blade Sign</td>
<td>Freestanding Monument</td>
</tr>
<tr>
<td>Loft signage</td>
<td>Window Sign</td>
</tr>
<tr>
<td>Internally Illum. Tenant Directory Ad Panel</td>
<td>Canopy or Awning Sign</td>
</tr>
<tr>
<td>2-sided Directory Ad Panel</td>
<td>Logo</td>
</tr>
<tr>
<td>Sidewalk Signage</td>
<td>Multi-Tenant</td>
</tr>
<tr>
<td>Entry Wall Signage</td>
<td>Building Wall Sign</td>
</tr>
<tr>
<td>Interstate Monument Sign</td>
<td>Freestanding Monument</td>
</tr>
<tr>
<td>Interstate Monument Ad Panel</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Electronic Message Center signs as defined by the Murfreesboro Sign Ordinance are Prohibited.
See prohibited signs, Murfreesboro City Code Sec. 25 ¼-24. Signs not expressly allowed are not permitted.
THE AVENUE (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 sign permit issuance.

Electrical Permit required: _____ YES _____ NO

_____ External (Indirect)

_____ 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”): ________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
PLAN REQUIREMENT CHECKLIST

PROJECT NAME: __________________________

Application Will Not be Processed without the Following Information; check to show compliance. Plans must be stamped with Landlord approval and submitted with application.

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) to remain on building

**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#: __________________________ (Call #811 before you dig)**

Date Utilities will be marked__________________

**Dimensioned and scaled sign plan indicating**
- Height
- 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 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, 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)
- If required 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.**
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:**

Name: ________________________________
Address: ________________________________
Phone: ________________________________

**Permit Applicant:**

Name: ________________________________
Address: ________________________________
Phone: ________________________________

Designated Contact Person: ________________________________

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: ____________________________

Page 4 of 5
THE AVENUE (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.

<table>
<thead>
<tr>
<th>SIGNATURE OF APPLICANT</th>
<th>DATE SIGNED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRINTED NAME</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FOR OFFICE USE ONLY

Staff Comments/Conditions:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Zone District: ___________________________

Approved: ____________________________ Date: ____________________________

Disapproved: __________________________ Date: ____________________________
Reason:

Incomplete/Not Accepted: ____________ Date: ____________________________