

CITY OF DORAL PLANNING & ZONING DEPARTMENT TEMPORARY BANNER ON CONSTRUCTION BARRIER PERMIT 8401 NW 53 TERRACE DORAL, FL 33166 PHONE: (305) 593-6630

APPLICANT'S INFORMATION		
Applicant Name:	Application Date:	
Contact Number:	Email Address:	
OWNER'S INF	FORMATION	
Owner's Name: O	Contact Number:	
Address:		
City: State:	Zip Code:	
CONTRACTOR'S	S INFORMATION	
Contractor's Name:	_ Contractor No.:	
Address: Conta	act Number:	
City: State:	Zip Code:	
I am the owner of the property at where the construction barrier/fence is located and I am authorizing the installation of a temporary banner on my property.		
Signature of Owner or Owner's Agent	Signature of Qualifier	
Print STATE OF FLORIDA, COUNTY OF MIAMI-DADE	Print STATE OF FLORIDA, COUNTY OF MIAMI-DADE	
Sworn to and subscribed before me by means of physical presence OR Donline notarizations thisday of, 20, by Signature of Notary Public Print Name (SEAL)	Sworn to and subscribed before me by means of _physical presence OR _online notarizations thisday of, 20, By Signature of Notary Public Print Name (SEAL)	
Personally known or Produced Identification Type of Identification Produced:	Personally known or Produced Identification Type of Identification Produced:	

TEMPORARY BANNER SIZE AND SIGN AREA INFORMATION

Banner length _____ Feet

Total banner size (sq. ft.) ______ sq. ft. Banner height _____ Feet

Total construction barrier/fence area (sq. ft. of construction barrier area)

MINIMUM SUBMITTAL REQUIREMENTS

Provided	Not Provided	
		Cover letter briefly describing the signage plan
		A dimensioned color elevation identifying the location and area (in sq. ft) of the proposed signage.
		Temporary Banner on Construction Barrier Contractor's Installation Affidavit
		Proof of permit (permit number) for existing construction barrier/fence

TEMPORARY BANNER REQUIREMENTS (SECTION 5-28 OF THE CITY'S CODE)

Signage placed on construction barrier. Signage identifying the nature of the property's current development, contractor's information, leasing information, corporate logos and renditions of the future development may be permitted on the construction barrier no greater than ten percent of the total barrier area and subject to the following conditions:

(1) Signs may extend to up to two feet above the height of the construction barrier.

(2) Signs must be affixed in a way that they do not pose a safety concern to the public's health or welfare.

(3) Off-site advertising is prohibited.

Murals and other decorative elements. In addition to the maximum permitted signage permitted on construction barriers, decorative murals that do not specifically advertise the development may be placed on the construction fence no more than 15 percent of the total area of the construction barrier and subject to the following design requirements:

(1) Letters, logos and numbers are prohibited.

(2) Murals may not contain any rendition of the proposed development or element of the proposed development.

PERMIT FEES: None

INSPECTION FEES: Inspection fee of seventy-five (\$75) dollars.

THE PERMIT APPLICATION WILL NOT BE ACCEPTED WITHOUT THE ABOVE MINIMUM DOCUMENTATION. OTHER DOCUMENTS MAY BE REQUIRED, DEPENDING UPON THE SPECIFIC PROJECT CONDITIONS.

FOR CITY	Y USE ONLY		
		Yes	No
Cover letter			
A dimensioned color elevation identifying the location and are	ea (in sq. ft) of the proposed signage.		
Temporary Banner on Construction Barrier Contractor's Inst	allation Affidavit		
Temporary Banner Sign Area (sq. ft.)	Total Max Signage Area	(sq. ft.)
	Total Max Mural Area	(sq. ft.)	
Signature: Da	ite:		



Temporary Banner on Construction Barrier Contractor's Installation Affidavit

Applicant Name: _____ Date: _____

Job Address (where banner(s) will be installed): ______

I hereby certify to the Planning and Zoning Department that the banner or banners have been installed at the above location in accordance with the requirements of Chapter 5, Article II of the City's Code and manufacture's installation instructions.

Contractor's Name:	License #:

Contractor's Signature:_____

Signature of Owner or Owner's Agent

Print ______ STATE OF FLORIDA, COUNTY OF MIAMI-DADE

Sworn to and subscribed before me by means of physical presence OR Donline notarizations this ______day of ______, 20_____, by ______

Signature of No	tary Public _		
Print Name	-	 	
(SEAL)			

Personally known	
or Produced Identification	
Type of Identification Produced:	