



OSCEOLA COUNTY TEMPORARY SIGN APPLICATION

Osceola County Board of County Commissioners
Community Development Department
1 Courthouse Square, Suite 1400
Kissimmee, Florida 34741
Phone (407) 742-0200
Specialpermits@osceola.org

Application No: _____
Date Received: _____

Submittal Type

- Property Owner Authorized*
- Proof of Ownership*
- Site plan showing:*
 - *Lot Dimensions,*
 - *Location of Temporary Sign (with all details of set-up),*
 - *Setbacks of set-up from property and right-of-way lines, driveways, and any existing site improvements*
- Application Fees \$115.00*

In accordance with Chapter 3, Article 3.14, Outdoor Sign Standards, Section 3.14.7.K of the Osceola County Land Development Code, authorization for a Temporary Sign is issued to:

Business/Applicant:

Business Name: _____
 Applicant: _____
 Email: _____ Phone: _____
 Parcel Number: _____
 Address of Sign: _____
 Dates of Sign Placement: _____
 Dimensions of Sign: _____
 Description of Sign: _____
 (banner, mobile, balloon, feather banner, human sign)

Property Owner:

Name: _____
 Email: _____ Phone: _____

Contractor (If sign is being placed by a contractor include the following)

Name: _____
 Email: _____ Phone: _____
 _____ Date: _____

Type/Print Name of Applicant

Signature of Applicant

I CERTIFY THAT, to the best of my knowledge and belief, all information supplied with this application is true and accurate, and that I am:

- Owner of the property described herein.**
- Party to an agreement for deed or sales contract for the purchase of the property.** (If this area is checked, you must be specifically authorized in the contract, or by another legal document, to initiate an application for this request.)
- Agent for the owner or purchaser of this property.** (If you checked this area, a written notarized authorization letter from the property owner(s), to act on their behalf, must accompany this request.)

For Office Use Only

Date of Issuance: _____
 Effective Date: _____
 Expiration Date: _____
 Location of Sales: _____
 Zoning Approval: _____



OSCEOLA COUNTY AGENT AUTHORIZATION FORM

I/We, as the owner(s) of real property in Osceola County, Florida, which is described below do hereby authorize the following person or persons to act as my/our agent to execute any petitions, applications, or other documents necessary to affect the application approval requested and more specifically described below, and to appear on my behalf before any administrative or legislative body in the County concerning the application(s) and to act in all respects as my/our agent in matters pertaining to the requested application(s).

Agent information [PLEASE PRINT]

Name(s): _____
Company: _____
Phone: _____ Email: _____

Requested Application(s): _____

Subject Property [PLEASE PRINT]

Address: _____
Parcel ID(s): _____
Legal Description: _____
_____ See Attached

Property Owner(s) Information [PLEASE PRINT]

Property Owner Name(s): _____
Address: _____
Phone: _____ Email: _____

SIGNED AUTHORIZATION

Date	Signature	Printed Name of Property Owner
Date	Signature	Printed Name of Property Owner

STATE OF FLORIDA
COUNTY OF OSCEOLA

The forgoing document was (or affirmed) and subscribed to before me this ____ day of _____ 20__ by _____ Who is personally known to me or who produced _____ as identification.

Public Notary Seal:

Signature of Notary
Notary # _____
My Commission Expires: _____