



**City of Hialeah**  
Planning & Zoning Division  
501 Palm Avenue, 2<sup>nd</sup> Floor  
Hialeah, FL 33010

## BANNER SIGN PERMIT

Permit ZN # \_\_\_\_\_

\_\_\_\_\_  
Name of Business (print or type)

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Shopping Center Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Suite

\_\_\_\_\_  
Email Address

Business Owner Business Tax Receipt:  
\_\_\_\_\_

\_\_\_\_\_  
Name of Property Owner or Representative(print or type)

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Corporation Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Suite

\_\_\_\_\_  
Email Address

I am requesting a Banner Sign Permit to display the following as shown in the sketch that is part of this application:

- Banner Sign having the dimensions \_\_\_\_\_ high by \_\_\_\_\_ wide and equals \_\_\_\_\_ square feet in sign area

Type: \_\_\_\_\_  
(Wall, Flag, Sail, Teardrop, Feather)

Number: \_\_\_\_\_

City of Hialeah Code of Ordinances Section 74-218 (6) is part of this application package.

**Cost: \$ 50 per banner/90 days**

# BANNER SIGN PERMIT

Page 2

I have read and understand the regulations affecting banner signs. I also understand that the Banner Sign may be displayed on the premises during a total period of time of 90 consecutive days. In any calendar year, an applicant may apply for an additional display period of another 90 days so long as there is a lapse of 90 days between display periods.

\_\_\_\_\_  
Applicant Name (print or type)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I authorize the applicant to place the banner sign(s) as indicated in the application. I acknowledge that if the applicant violates the code, I may be held responsible and face code enforcement proceedings pursuant to Chapter 22 of the City of Hialeah, Florida, Code of Ordinances

\_\_\_\_\_  
Shopping Center Owner Name

\_\_\_\_\_  
Shopping Center Owner Signature

\_\_\_\_\_  
Date

## FOR CITY USE

Prior Banner Permit(s) issued:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Dates: _____
Sketch of Proposed Location:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Proposed Sign Location Compliant:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Business Tax Receipt	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
\$ 50 Application Fee	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

**EXPIRE:** \_\_\_\_\_

**NOTE:** \_\_\_\_\_

**RENEWAL:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_