



**City of Hialeah**  
Planning & Zoning Division  
501 Palm Avenue, 2<sup>nd</sup> Floor  
Hialeah, FL 33180

## LED WINDOW 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 LED Window Sign Permit to display the following as shown in the sketch that is part of this application: that includes existing and/or proposed electrical outlets location and all other existing signs in the storefront where the proposed sign will be installed

LED Window Sign having the dimensions \_\_\_\_\_ high by \_\_\_\_\_ wide and equals \_\_\_\_\_ square inches in sign area

City of Hialeah Code of Ordinances Section 74-149 (4) is part of this application package.

**Cost: \$ 50 per sign**

# LED WINDOW SIGN PERMIT

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I have read and understand the regulations affecting LED Window Signs.

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

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

\_\_\_\_\_  
Date

I authorize the applicant to place the LED window 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

Sketch of Proposed Location:     NO     YES (See Comment)  
Proposed Sign Location Compliant:     YES     NO (See Comment)  
Business Tax Receipt     YES     NO  
\$ 50 Application Fee     YES     NO  
Sticker issued    Date: \_\_\_\_\_ Month: \_\_\_\_\_ Color: \_\_\_\_\_

Comment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ Date: \_\_\_\_\_