



## Walton County Planning and Development Services

### APPLICATION FOR MASTER SIGN PERMIT

#### Application Package Contents

**ALL APPLICATIONS SHALL BE SUBMITTED USING THE ONLINE PORTAL**

<https://www2.citizenserve.com/waltonplanning>

Master Signage Plans are intended to provide a distinct character or "identity" to signage in a project and to allow larger projects the advantages of using directional signage and directory signs and kiosks. Such a master plan shall indicate the location for all types of signage in the project visible from Highway 98 or Highway 331 with proposed style, dimensions, copy area, and materials. Individual variation will be considered for building signage. However some form of consistency must be maintained for building signs, such as location on the building, size, or color for the entire development, regardless of the distance from Highway 98 or Highway 331. Walton County Land Development Code 6.11.08

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## SUBMITTAL CHECKLIST

### APPLICATION FOR MASTER SIGN PLAN – INITIAL SUBMITTAL WILL INCLUDE THE FOLLOWING ITEMS

If any submittals do not meet these requirements, they will not be accepted

*(Credit Cards Accepted or Check payable to Walton County)*

- Fee for Master Sign Plan Application: \$250
- Color copy of sign elevation
- Completed Application
- Copy of site plan or survey to indicate location of the proposed signage (monument, building (building elevations), directory, kiosks, etc.)
- Sample copy of the tenant lease agreement enumerating the master signage plan & stipulating compliance as a condition of the lease
- Location for anchor stores, (if applicable), must be identified, the applicant may designate one anchor store for each 25,000 square feet of building floor area of the project, copy area for not more than two (2) anchor stores may be located on main identification signs
- List all materials to be used, maximum copy area (square feet & percentage), maximum size (square feet), quantity, 911 address, and illumination

### **MEETING LOCATION**

- North Walton Courthouse  
571 US Hwy 90 E  
DeFuniak Springs, FL 32435
- South Walton Courthouse Annex  
31 Coastal Centre Blvd  
Santa Rosa Beach, FL 32459
- Freeport Business Complex  
842 State Highway 20 East Suite 110  
Freeport, FL 32439

**Applicant**

Name: \_\_\_\_\_

If company or corporation, name of secretary or officer

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

**Agent**

Name: \_\_\_\_\_

If company or corporation, name of secretary or officer

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

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

Project Name: \_\_\_\_\_

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

**Agent Affidavit / Special Power of Attorney**

STATE OF FLORIDA COUNTY OF WALTON

KNOW ALL MEN BY THESE PRESENTS, that I \_\_\_\_\_ am presently the owner and/or leaseholder of \_\_\_\_\_ and desiring to execute a Special Power of Attorney, have made, constituted and appointed, and by these presents do make, constitute and appoint \_\_\_\_\_ whose address is \_\_\_\_\_. County of \_\_\_\_\_, State of \_\_\_\_\_, my Attorney full power to act as my agent in the process of obtaining an \_\_\_\_\_ pertaining to \_\_\_\_\_.

FURTHER, I do authorize the aforesaid Attorney-in-Fact to perform all necessary tasks in the execution of aforesaid authorization with the same validity as I could effect if personally present. Any act or thing lawfully done hereunder by the said attorney shall be binding on myself and my heirs, legal and personal representative, and assigns.

PROVIDED, however, that any and all transactions conducted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by the said attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "Attorney-in-Fact."

WITNESSES:

APPLICANT:

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by:

[ ] Physical Presence

- OR -

[ ] Online Notarization

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, as \_\_\_\_\_, for \_\_\_\_\_.

Printed Name of Notary Public

\_\_\_\_\_  
Signed Name of Notary Public

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

Expiration Date: \_\_\_\_\_

(SEAL)

**FLORIDA STATUTES 837.06 – FALSE OFFICIAL STATEMENT**

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083 .

I have read and understand all the information provided in this application, the requirements listed within the application, and agree to provide the necessary information requested by Walton County. The information I have provided on this application is true and correct to the best of my knowledge.

Applicant's Signature

Printed Name

Date

\_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by:

Physical Presence

- OR -

Online Notarization

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

By \_\_\_\_\_, as \_\_\_\_\_,

for \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Name of Notary Typed, Printed or Stamped

Personally Known

Produced Identification

Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_