## Off-Site Sign Information must be completed in its entirety.

<b>OFF-SITE SIGN INFORMATION</b>	<u>:</u> 🗆 NF	EW 🗆 ALTERA	TION	I
OFF-SITE SIGN COMPANY:				
ADDRESS:				
CITY:		ST:		ZIP:
<b>PHONE:</b> ( )	CONTACT:			
TYPE OF SIGN: (CHECK ALL THE CHECK ALL TH	HAT APPLY	<u>Z)</u> TRIVISION DOUBLE FACE		VARIABLE MESSAGE
Sign Face Orientation (Street Name)	Face 1			Face 2

Distance to next off-site sign (measured in both directions):

DISTANCE (FT)

DISTANCE (FT)

## **CERTIFICATE OF REMOVAL NUMBERS**

Growth Management Department | Building Inspection Division | Phone: (850) 891-7001, option 2 | Fax: (850) 891-0948 Location: 435 N. Macomb Street, Tallahassee, FL 32301 | Mailing: 300 S. Adams Street, Box B-28, Tallahassee, FL 32301