



# Osceola County Temporary Sign Application

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

Application No.: \_\_\_\_\_  
Date Received: \_\_\_\_\_

### Submittal Checklist

- Property Owner Authorization
- 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: \_\_\_\_\_

\_\_\_\_\_  
 Type/Print Name of Applicant Date

\_\_\_\_\_  
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 this 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: \_\_\_\_\_