



***Design Review Committee  
SIGN APPLICATION***

Project name \_\_\_\_\_

Owner \_\_\_\_\_

Builder \_\_\_\_\_

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Project Location: Lot \_\_\_\_\_ Block \_\_\_\_\_

Site Address \_\_\_\_\_

Date Submitted \_\_\_\_\_

If Temporary or Special Event signage, dates of use from \_\_\_\_\_ to \_\_\_\_\_

Please include the following items with your submittal package:

- Fees: Minor \$50.00 fee    Deposit \$200.00    Example: individual tenant sign  
          Major \$200.00 fee    Deposit \$500.00    Example: signage for whole building  
          Temporary \$50.00 fee  
          Special Event \$100.00 fee
- Make check payable to Tradition Community Association, Inc.
- Submit Site Plan for monument signs.
- Signage, full signage package to include placement, design, style, size, and color
- Please refer to the Tradition Master Sign Program for design guidelines (available electronically at [www.traditionfl.com](http://www.traditionfl.com))

For Temporary signage:

- Each project is allowed one construction sign, to be removed prior to issuing of Certificate of Occupancy.
- Sign must be located on project site
- Individual contractor signs are not permitted.
- Each project is allowed one leasing sign, to be removed once occupancy reaches 90%.

Note: Please include all items for a complete submittal.

BUILDER \_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY STATE ZIP  
PHONE FAX

ARCHITECT or ENGINEER  
\_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY STATE ZIP  
PHONE FAX

LANDSCAPER \_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY STATE ZIP  
PHONE FAX

OWNER \_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY STATE ZIP  
PHONE FAX

CONTACT \_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CITY

STATE

ZIP

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PHONE

FAX

EXTERIOR FEATURES

COLOR/FINISH

DESCRIPTION

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PLEASE PROVIDE ANY OTHER PERTINENT INFORMATION RELATED TO SIGN REQUEST.

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THE PRECEDING APPLICATION IS SUBMITTED FOR REVIEW BY THE TRADITION DESIGN REVIEW COMMITTEE. REQUIRED DESIGN DOCUMENTS ARE ATTACHED

SUBMITTED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

FIRM: \_\_\_\_\_

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