



Planning and Zoning Department

12300 Forest Hill Blvd., Wellington, FL 33414 (561) 791-4000 pzapplications@wellingtonfl.gov

STAFF USE ONLY

Intake Date: \_\_\_\_\_

By: \_\_\_\_\_

Petition # \_\_\_\_\_

## TEMPORARY SIGN APPLICATION

### Requirements

1. Complete all questions on the application and attached affidavit / consent statement
2. Provide a copy of the site plan or staff approved document(s) indicating location of the temporary sign.
3. Pay filing fee of a \$100.00 (Non-profit fee \$50.00).

### I. PROPERTY OWNER / APPLICANT INFORMATION

Property Owner Name: ST RITA Catholic Church

Address: 13645 Paddock Dr.

City: Wellington ST: 41 Zip: 33414

Phone: 561-793 8544 Fax: 561 793 4082

Applicant if other than owner(s): John Kapsos (Agent)

Address: 1818 STAMFORD CIR

City: Wellington ST: 41 Zip: 33414

Phone: 561 795 2368 Fax: Cell # 561 714 3638

### II. PROPERTY LOCATION

Location Name: ST. RITA Catholic Church

Location Address: 13645 Paddock Dr. Wellington 41 33414

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

### III. EVENT INFORMATION

Provide the reason (special event) for the temporary sign: PARISH FESTIVAL

Sign Display Dates (7 days total / max two times a year): 7 days

Sign Dimensions (Shall not exceed 36" x 48" or 12 square feet): 12 sq

Sign Material(s): Wood Plastic or Other Durable Material Vinyl

Sign Copy (Content): ST RITA Catholic Church

Festival 2/4 To 2/7 2016

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☐ APPROVED ☐ DENIED

Planning & Zoning Staff Signature

Permit No.: 15-011

Permit Issued: 1<sup>st</sup> / 2<sup>nd</sup>

Issue Date: \_\_\_\_\_

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

DEC - 8 2015

#### IV. TEMPORARY SIGN AFFIDAVIT

I/We agree to be bound by all terms and conditions as contained in this document.

Approval is granted with the following conditions:

1. The permit sticker shall be affixed to the front lower left corner of the temporary sign.
2. The sign shall be secured to the ground by post and maintain a 100 foot separation from all signs.
3. The temporary sign and support structure shall maintain a five foot setback from property line.
4. No temporary signs / structures shall be located within any public rights-of-way, public easements or safe-sight distances.
5. The applicant is to restore the site to its original or better condition by immediately after the seven days. This includes the removal of the temporary sign and support structure.
6. The temporary sign shall be installed pursuant to Section 7.14.13.A. of Wellington Land Development Regulations.
7. No lighting shall be installed pursuant to this Special Permit Use.
8. This special permit is issued to the applicant for the above use to occur only at the location and on the dates noted above. The applicant shall abide by and comply with any use restrictions noted in Wellington LDR pertaining to the above.

I/We have the full knowledge and consent of all owners of record of the property that is the subject of this request. I understand that Wellington, in processing and approving this request, is relying on my assurance that all owners of record are aware of this request and approve of my acting as owner / tenant / agent. I have the authority to agree to conditions that may be imposed.

I/We certify that the above statements and / or showings made in any paper or plans submitted herewith are true to the best of my/our knowledge and belief. I/We understand that any knowingly false information given by me/us will result in the denial, revocation or administrative withdrawal of the application or permit. I/We acknowledge that additional information may be required by the Village of Wellington in order to process this application.

I/We further certify to Wellington that I/we have provided the owner a complete copy of this application, and all attachments and documents relating to this request. I/We consent to Wellington to publish copy or reproduce any copyrighted document for any third party submitted as part of this application.

Signature(s) of Owner(s) / Applicant(s): Rev. Donald Munro

Print Name(s): Rev. Donald Munro

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WELLINGTON  
PLANNING DEPT.

V. OWNER/APPLICANT ACKNOWLEDGEMENT

I/We do hereby swear/affirm that I/we am/are the owner(s) of the property referenced in this application.

I/We certify that the above statements or showings made in any paper or plans submitted herewith are true to the best of my/our knowledge and belief. Further, I/we understand that this application, attachments and fee become part of the official record of the Planning & Zoning Department of Wellington and the fee is not refundable. I/We understand that any knowingly false information given by me/us will result in the denial, revocation or administrative withdrawal of the application or permit. I/We further acknowledge that additional information may be required by Wellington in order to process this application.

I/We further consent to Wellington to publish, copy or reproduce any copyrighted document for any third party submitted as part of this application.

I/We, the aforementioned owner(s), do hereby give consent to (Agent/Representatives Name) Rev Donald Munro to act on my/our behalf to submit this application, all required material and documents, and attend and represent me/us at all meetings and public hearings pertaining to the request(s) and property I/we own described in the attached application. Furthermore, as owner(s) of the subject property, I/we hereby give consent to the party designated above to agree to all terms or conditions that may arise as part of the approval of this application for the proposed use.

Signature(s) of Owner(s):

Rev Donald Munro

Print Name(s): Rev Donald Munro

NOTARY

STATE OF Florida  
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 2nd day of December 2015 by Donald Munro. He/She is personally known to me or has produced

driver's license as identification and did/did not take an oath.

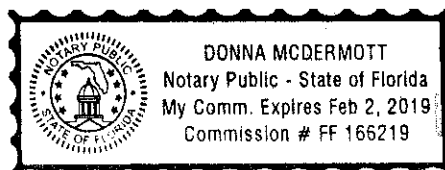
Donna McDermott My Commission Expires: Feb. 2, 2019

(Signature of Notary)

DONNA MCDERMOTT

(NOTARY'S SEAL OR STAMP)

(Name – Must be typed, printed, or stamped)



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DEC - 8 2015

VERIFIED  
2015 DEC 15 10:58 AM

VI. AGENT ACKNOWLEDGEMENT

I/We do hereby swear/affirm that I/we am/are the agent(s) for the property referenced in this application.

I/We certify that the above statements or showings made in any paper or plans submitted herewith are true to the best of my/our knowledge and belief. Further, I/we understand that this application, attachments and fee become part of the official record of the Planning & Zoning Department of Wellington and the fee is not refundable. I/We understand that any knowingly false information given by me/us will result in the denial, revocation or administrative withdrawal of the application or permit. I/We further acknowledge that additional information may be required by Wellington in order to process this application.

I/We further consent to Wellington to publish, copy or reproduce any copyrighted document for any third party submitted as part of this application.

Signature(s) of Agent(s): [Signature]

Print Name(s): John Kapsos

NOTARY

STATE OF Florida  
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 2nd day of December, 20 15  
by John Kapsos. He/She is personally known to me or has produced

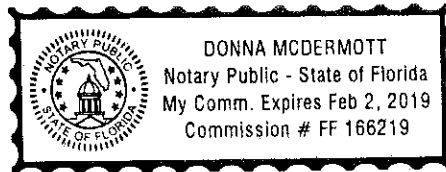
Drivers License as identification and did/did not take an oath.

Donna Mc Dermott My Commission Expires: Feb. 2, 2019

(Signature of Notary)

DONNA McDERMOTT  
(Name -- Must be typed, printed, or stamped)

(NOTARY'S SEAL OR STAMP)



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PLANNING & ZONING DEPARTMENT  
WELLINGTON, FLORIDA