



FEATHER FLAG APPLICATION

104 N. Riverside Drive
Edgewater, FL 32132
Planning@cityofedgewater.org
386-424-2400 ext. 1503

Application Fee \$25.00 Per Quarter

Applicant Information (MUST BE A PERSON)

Name _____ Phone _____ Email _____

Mailing Address _____ City _____ State _____ ZIP Code _____

Business Information Request

Street Address/Location of Feather Flag _____ Parcel ID No. _____

Business Tax Receipt Number _____ Flag Zone _____ Hours of Operation _____

Disclaimer and Signature

Feather Flags will not be allowed to exceed a height of twelve (12) feet and a width of two and a half (2.5) feet measured from top of flag to the bottom of the base.

One (1) feather flag shall be permitted once per quarter for a duration of thirty (30) calendar days for each entity with a Business Tax Receipt (BTR).

Each feather flag zone will allow a maximum of one-third (1/3) of the BTR businesses within the zone to have a feather flag permit for the duration of a thirty (30) day calendar period per quarter on a first come, first serve basis. The BTR owner shall be responsible to ensure compliance with the permit date of issuance and expiration dates.

Feather flags shall not be placed in the right-of-way, within or amongst shrubbery and trees within the landscape buffer, sight triangle, or as to obstruct pedestrian access or vehicular lines of sight.

Feather flags placed without a feather flag permit shall be code enforced and confiscated. Three (3) repeated offenses shall result in a complete loss of feather flag permitting for a period of one (1) calendar year.

Flags can only be placed at location during normal business hours. They are to be removed during non-operating hours.

PLEASE SUBMIT YOUR APPLICATION WITH REQUIRED PLOT PLAN OR SURVEY, IMAGE OF FEATHER FLAG, AND PAYMENT. SUBMISSIONS OF INCOMPLETE APPLICATIONS WILL DELAY APPROVALS. APPLICATION FEES ARE NON-REFUNDABLE.

I have read and agree to the terms and conditions set forth in this application.

Applicant Signature _____ Date _____

For Office Use Only

Received Date: _____ Time: _____

Received By _____

Payment Received Yes or No

Start Date _____ Expiration Date _____