



# FEATHER FLAG APPLICATION

104 N. Riverside Drive  
Edgewater, FL 32132  
[Planning@cityofedgewater.org](mailto:Planning@cityofedgewater.org)  
386-424-2400 ext. 1503

Application Fee \$100.00 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 \_\_\_\_\_