

**City of Safety Harbor Application for
A-FRAME (SANDWICH BOARD) SIGN
RIGHT-OF-WAY USE PERMIT**

Date Received:	
File Number:	
Staff Reviewer:	

1. GENERAL

Property Owner Name:		
Applicant Name:		
Business Name:		
Address:		
Telephone:	Fax:	E-Mail:

2. REQUIRED INFORMATION:

- Copy of Local Business Tax Receipt
- Map or sketch depicting the proposed location of A-Frame Sign
- Disclaimer form indemnifying the City of Safety Harbor of any liability for use of right-of-way
- Sketch including the dimensions, content, and materials of the proposed A-Frame Sign.
- Proof of minimum general liability insurance of \$100,000 per person, \$200,000 per occurrence and indicating the City as an additional insured.

3. APPLICATION FEES (Must be paid prior to processing):

Type	Review Fee	Public Notice Fee	Total
A-FRAME PERMIT	\$25	N/A	\$25

CITY OF SAFETY HARBOR
TEMPORARY 'A' FRAME SIGN INDEMNITY AND RELEASE AGREEMENT

WHEREAS, Applicant wishes to display a temporary 'A' frame sign within the City's right-of-way located at _____; and

WHEREAS, the City has permitted Applicant to locate a temporary 'A' frame sign in said right-of-way on the condition that Applicant agrees to indemnify the City; and

WHEREAS, the Applicant is willing to indemnify the City pursuant to the terms of this Agreement.

NOW, THEREFORE, the Applicant agrees as follows:

1. The Applicant agrees to indemnify, hold harmless and defend the City, its elected officials, officers, employees and agents of, from and against all liability and expense, including all attorney's fees and costs, in connection with any and all claims, demands, damages, actions, causes of action and suits in equity of whatever kind or nature, including claims for personal injury, property damage, equitable relief, loss of use, arising out of, in any way, the City's permitting and the actual display of a temporary 'A' frame sign within the City's right-of-way by Applicant.

2. **THE APPLICANT ACKNOWLEDGES THAT THIS INDEMNITY AND RELEASE AGREEMENT MAY RELEASE THE CITY FROM CLAIMS OR LIABILITIES ARISING OUT OF THE NEGLIGENCE OF THE CITY.**

3. If any one or more of the provisions of this Indemnity and Release Agreement shall be held to be invalid, illegal or unenforceable in any respect, the validity, legality and enforceability of the remaining provisions hereof shall not in any way be affected or impaired thereby. This Indemnity and Release Agreement shall not be construed or interpreted in any way against any one party on the basis that that party drafted this Indemnity and Release Agreement.

4. The Applicant acknowledges that it has had a full opportunity to review this Indemnity and Release Agreement and has signed it freely, without any inducement or assurance of any nature, and further agrees that no oral representations, statements, or inducements apart from the foregoing agreement have been made.

Applicant

STATE OF FLORIDA
COUNTY OF PINELLAS

Dated

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____ 20____ by _____ of _____, a Florida municipal corporation, on behalf of the corporation. He/she is personally known to me or has produced _____ as identification.

Notary Signature

Name of Notary Typed, Printed or Stamped

NOTARY
STAMP