

**SARASOTA COUNTY  
PLANNING AND DEVELOPMENT SERVICES  
MEMORIAL MARKER  
RIGHT-OF-WAY USE PERMIT APPLICATION**

**APPLICANT** \_\_\_\_\_

**APPLICANT ADDRESS** \_\_\_\_\_

**APPLICANT PHONE** \_\_\_\_\_

**WORK TO BE PERFORMED IN THE FOLLOWING LOCATION:** \_\_\_\_\_

**FOR: MEMORIAL MARKER – NO FEE**

**IN MEMORY OF:** \_\_\_\_\_

**PLEASE INCLUDE COMPLETED EXHIBIT A AS ATTACHED TO THIS APPLICATION.**

**I HEREBY AGREE to all the terms under which the Right of Way Use Permit is issued.**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

FOR OFFICE USE ONLY

APPLICATION NO.: \_\_-\_\_\_\_-\_\_

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

INSPECTOR: \_\_\_\_\_

Exhibit A

**REQUEST FOR PLACEMENT OF ROADWAY SAFETY MEMORIAL MARKER**

Please type or print clearly

Note- Markers will not be placed in medians

Name to be placed on marker: \_\_\_\_\_

Road on which the accident occurred: \_\_\_\_\_ Date of accident: \_\_\_\_\_

City where accident occurred: \_\_\_\_\_

Side of road (circle one) N, S, E, W

Distance and direction (N,S,E,W) from intersection or fixed feature along roadway: \_\_\_\_\_

\_\_\_\_\_

**PERSON MAKING THE REQUEST**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Relationship to deceased: \_\_\_\_\_

Signature: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY A FAMILY MEMBER  
IF THE REQUEST IS MADE BY A FRIEND**

Name of family member: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship to the deceased: \_\_\_\_\_

Mail completed form to: Sarasota County Land Development Services  
1001 Sarasota Center Boulevard  
Sarasota, FL 34240

FOR OPERATIONS

ANCE USE ONLY

Highway Section:	Mile Post:	Installation Date:
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# Highway Safety Memorial Marker

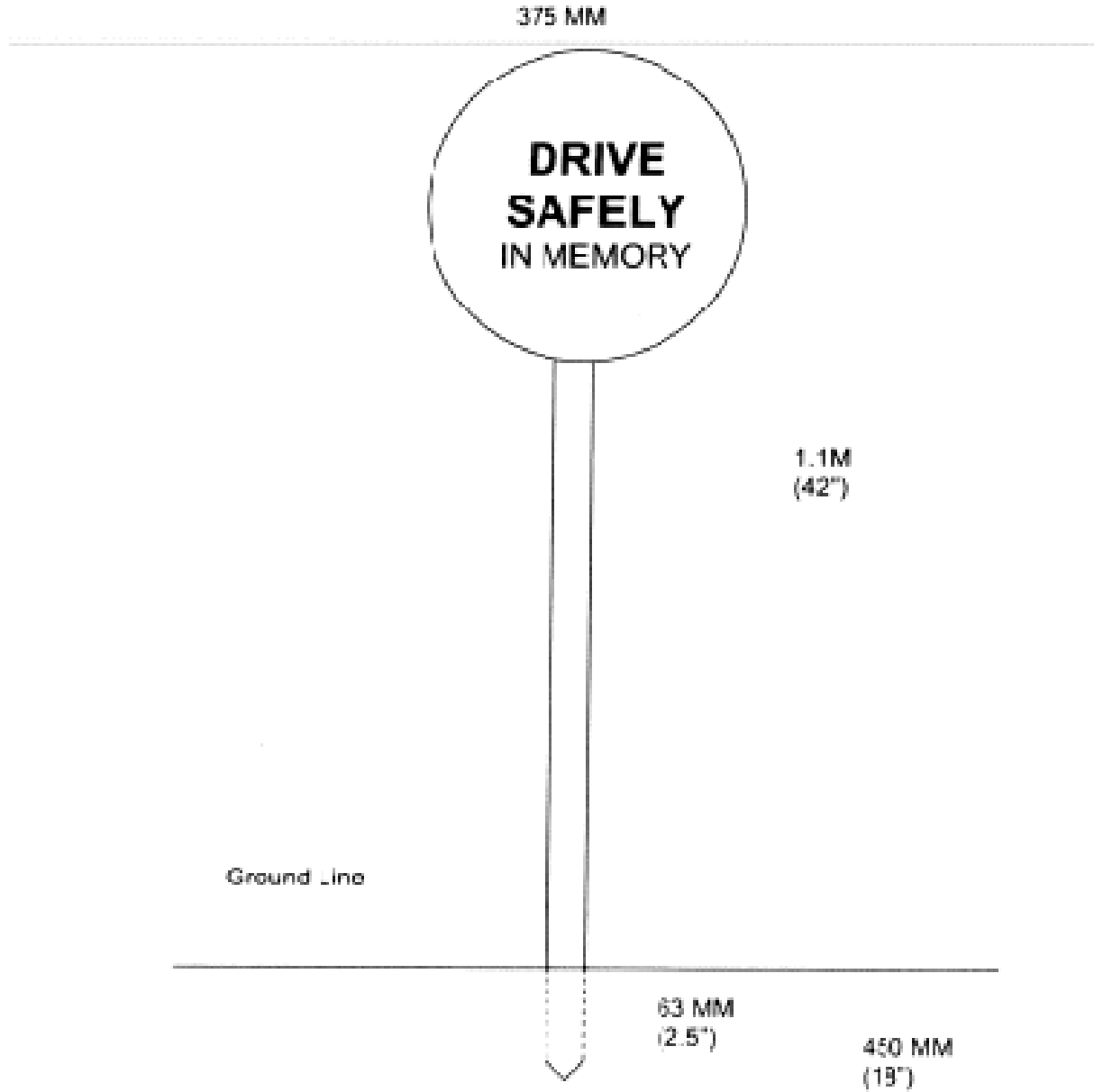


Exhibit C

(15")

# 51 MM & 25 MM LETTERS



## 375 MM DIAMETER