

SIGN PERMIT APPLICATION



Planning Department
 118 W. Railroad Street / P.O. Box 87
 Spring Hope, NC 27882
 Phone: (252) 478-5186 Fax: (252) 478-7131



APPLICANT/SIGN COMPANY INFORMATION	PROPERTY OWNER INFORMATION
Applicant:	Owner Name:
Address:	Owner Address:
Phone:	Owner Phone:
Email:	Email:

PROPERTY INFORMATION	
Property Address:	Zoning District:

SIGN SPECIFICATIONS				
<input type="checkbox"/> Wall Sign <input type="checkbox"/> Free Standing <input type="checkbox"/> Monument Sign <input type="checkbox"/> Window Sign <input type="checkbox"/> Other: _____				
<input type="checkbox"/> Shopping Center Wall Sign <input type="checkbox"/> Shopping Center Freestanding Sign				
Corner Lot? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lighted Sign? <input type="checkbox"/> Yes <input type="checkbox"/> No	Linear Building Frontage:	Building Height:	Linear Road Frontage:
Sign Height:	Sign Width:	Total Sign Square Footage:		
Height of Sign Above Ground:	Height of Sign Support:	Distance of Setback:		
Sign Copy:	Total number of signs currently on property:			

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws, Ordinance and regulations.

Applicant Signature _____
Date

Office Use Only				
Sign Permit:	#	\$	Date:	Staff Signature:

SIGN PERMIT FEE: \$60.00

A FULLY DIMENSIONED SKETCH OF ALL PROPOSED SIGN MUST ACCOMPANY THE APPLICATION.

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