



## SIGN PERMIT APPLICATION

Permit Center

[permitcenter@monroenc.org](mailto:permitcenter@monroenc.org)

300 West Crowell Street, Monroe NC 28112

Telephone: 704.282.4524 Fax: 704.282.4735

Project Name	Project Address/Location			Zoning District
Applicant Name	Applicant Address			Applicant Telephone
Property Owner Name	Property Owner Address			
Sign Company/Contractor	Sign Company/Contractor Telephone			General Contractor's License No.
<b>Type of Sign</b>  ( <input type="checkbox"/> New    Or    ( <input type="checkbox"/> Replacement  <b>And</b>  ( <input type="checkbox"/> Freestanding Ground Monument    ( <input type="checkbox"/> Directory    ( <input type="checkbox"/> Face Change    ( <input type="checkbox"/> Canopy ( <input type="checkbox"/> Blade    ( <input type="checkbox"/> Drive-through menu sign    ( <input type="checkbox"/> Electronic Changeable Face ( <input type="checkbox"/> Attached Wall Sign    ( <input type="checkbox"/> Projecting    ( <input type="checkbox"/> Suspending				<b>Dimensions of Sign</b>  <b>Height:</b> _____  <b>Width:</b> _____  <b>Total Surface Square Footage:</b> _____
<b>If the sign is an Attached Sign:</b>  Please attach a drawing or picture of the building showing the linear feet of the facade from side to side. Show all of the existing signs on the facade and label each with its approximate dimensions or square footage. This will determine the allowable square footage for your proposed attached sign.				<b>Building Type</b>  ( <input type="checkbox"/> Single Tenant ( <input type="checkbox"/> Multi Tenant
Corner Lot ( <input type="checkbox"/> Yes    ( <input type="checkbox"/> No	Lighted Sign ( <input type="checkbox"/> Yes    ( <input type="checkbox"/> No	Linear foot of the Façade (for attached signs)	Acreage of the Lot (for freestanding signs)	Value of Sign & Total Project Cost \$

### THE FOLLOWING INFORMATION IS REQUIRED TO BE SUBMITTED TO COMPLETE YOUR PERMIT APPLICATION:

1. Site plan-showing location of sign on property, with setbacks from all property lines and roadways
2. Please include the materials used in constructing the sign on your sketch plan.
3. Identify the electrical disconnecting means on the plans.
4. Elevation of sign with the following:
  - A) Overall height
  - B) Height to bottom of sign
  - C) Dimensions of all sign faces
  - D) Sketch of sign showing proposed location and dimensions

### REQUIREMENT FOR DRAWINGS SEALED BY A DESIGN PROFESSIONAL

All freestanding signs higher than six (6) feet in height, and/or with a signage surface area of more than 32 square feet, require the seal of a certified North Carolina design professional, under Section H105 of the NC State Building Code.

**Type of Light**

Incandescent     Fluorescent     Mercury Vapor     Neon     HPS     LED

**Circuit Voltage/Load (Volt Amps):****Number & Size of Supply Circuits in Amps:****Electrical Contractor:**

**NOTE:** If power is to be supplied from other than existing building, such as a separate service, additional information is required. All lighted freestanding signs must be supplied by underground service.

Identify the electrical disconnecting means on the plans.

**Electrical Contractor's Address:****Electrical Contractor's License #:****Electrical Contractor's Signature:**

I certify that I am the property owner, am authorized to sign on behalf of the property owner, or am otherwise legally authorized to sign this application. If permits are granted, I hereby certify that all information in this application is correct and that all work will comply with the North Carolina State Building Code and all other applicable city ordinances, local laws and regulations of the State of North Carolina regulating such work and the specifications or plans submitted. The Permit Center will be notified of any changes in the approved plans and specifications for the projects permitted herein. By signing this application, I am certifying that I, the applicant, have full authority and license from the holder of the copyright to use the sealed plans, drawings, or diagrams submitted with this application, and I agree to indemnify and hold harmless the City of Monroe for any losses or claims incurred by the City arising from review and approval of such plans by the City of Monroe. I hereby affirm that the foregoing statements are accurate and correct to the best of my knowledge. **I understand that it is my responsibility to contact NORTH CAROLINA ONE CALL (1-800-632-4949) prior to digging to ensure location of services and that I am responsible for any and all damages to City property not covered by ONE CALL. I further understand that any such damages that occur must be reported to the City at 282-4600 immediately.** By signing and submitting this form, I agree that all signatures where required may be Electronically Signed by either party, pursuant to NCGS 66-315(b).

**Applicant Signature** \_\_\_\_\_**Print Name of Applicant** \_\_\_\_\_**Date of Application** \_\_\_\_\_