



SIGN PERMIT APPLICATION

Permit Center
 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.
Type of Sign <input type="checkbox"/> New Or <input type="checkbox"/> Replacement And <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"/> Freestanding (OT Only) <input type="checkbox"/> Attached Wall Sign <input type="checkbox"/> Projecting <input type="checkbox"/> Suspending				Dimensions of Sign Height: _____ Width: _____ Total Surface Square Footage: _____
If the Sign is a Freestanding Sign: <input type="checkbox"/> Yes <input type="checkbox"/> No Is the sign at least forty feet from the nearest freestanding sign? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the sign have a minimum setback of five feet from the nearest right-of-way <u>If the sign is an Attached Sign:</u> Please attach a drawing or picture of the building showing the linear feet of the facade from side to side. Also, 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.				Building Type <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 \$.
I hereby certify that all information on this application is correct, and all work will comply with City ordinances and all other applicable State and local laws, ordinances and regulations. 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.				

Applicant Signature _____ Print Name of Applicant _____ Date of Application ____ / ____ / ____	Owner Signature _____ Print Name of Owner _____ Date of Application ____ / ____ / ____
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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. Elevation of sign with the following (3 sets must be submitted):
 - 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 3108 of the NC State Building Code.

Depth of Foundation:	Measurements:	Width of Sign:	Height of Sign Above Ground:
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THIS SECTION REQUIRED FOR ALL LIGHTED/ELECTRICAL SIGNS

Type of Light

Incandescent
 Fluorescent
 Mercury Vapor
 Neon
 HPS
 LED

Circuit Voltage/Load (Volt Amps):	Number & Size of Supply Circuits in Amps:
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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.
Electrical Contractor's Address:	
Electrical Contractor's License #:	

FOR OFFICE USE ONLY

Department of Transportation (D.O.T.)
 130 S. Sutherland Ave.
 Monroe, N.C. 28112
 704-289-1397

Approval required: _____ **Approval not required:** _____

Department of Transportation-Approval Signature