

SIGN PERMIT APPLICATION

Planning Department
 115 N. Polar Street / PO Box 785
 Aberdeen, NC 28315
 Phone: (910) 944-7024 Fax: (910) .944-3672



APPLICANT/SIGN COMPANY INFORMATION	PROPERTY OWNER INFORMATION
Applicant:	Owner Name:
Address:	Owner Signature:
Phone:	Owner Address:
Email:	Owner Phone & 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"/> 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:	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 Sate Building Code and all other applicable State and local laws, Ordinance and regulations.

Applicant Signature

Date

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

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