

Sign Permit Application

for information, call: (910) 433-1707/433-1714/433-1168
fax line: (910) 433-1588

Please fill out application **COMPLETELY** ~ Failure to do so will delay processing ~ Thank you

•Contractor Information:

Sign Contractor

Address

Address

Telephone Number - Contractor

•Project Location:

Number & Street

Business Name

Lot

Block

Parcel ID# (PIN)

Property Owner/Lessee

Address (if different from 'Project Location')

Telephone Number - Owner/Lessee

Description of Sign:

<input type="checkbox"/> Ground <input type="checkbox"/> Wall <input type="checkbox"/> Pole <input type="checkbox"/> Roof <input type="checkbox"/> Projection <input type="checkbox"/> Temporary <input type="checkbox"/> Other _____	<input type="checkbox"/> Surface area of sign (sq ft):	<input type="checkbox"/>	<input type="checkbox"/> Illuminated <input type="checkbox"/> Internal <input type="checkbox"/> External
	<input type="checkbox"/> Type of facing/surface material:	<input type="checkbox"/>	
	<input type="checkbox"/> Type of support:	<input type="checkbox"/>	<input type="checkbox"/> Nonilluminated
	<input type="checkbox"/> Overall height of sign:	<input type="checkbox"/>	
	<input type="checkbox"/> Space between sign & ground:	<input type="checkbox"/>	<i>Labeled by:</i>
	<input type="checkbox"/> Space between sign & roof (if roof sign):	<input type="checkbox"/>	<i>Wired by:</i>
	<input type="checkbox"/> Space between sign & adjacent sign/structure:	<input type="checkbox"/>	
<input type="checkbox"/> Distance (ft) from edge of sign & right-of-way:	<input type="checkbox"/>	<i>Manufactured by:</i>	
<input type="checkbox"/> How was right-of-way determined:	<input type="checkbox"/>		

Is sign constructed to withstand wind pressure as required by the NC State building Code: YES NO N/A

Building frontage: _____ Lot frontage: _____ Lot/parcel size: _____ Building setback from right-of-way: _____ YES NO
 Corner Lot _____ Zone _____

Total existing signage (sq ft): _____ If multiple establishments on single lot, give number of establishments:

Cost of construction/erection: \$ _____

I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Code and all other applicable state and local laws and ordinances and regulations. The Building, Plan Review & Inspection Division will be notified of any changes in the approved plans and specifications for the project permitted herein.

Owner/Agent Signature

Print Name

Date

Fee(s) collected: CASH / CHECK / CC

Paid on _____ Approved By _____ Date _____

Cash, Checks (made payable to the City of Fayetteville), Master Card or Visa accepted