

SIGN PERMIT APPLICATION

APPLICANT INFORMATION

PERMIT FILE No.: _____

NAME: _____

ADDRESS: _____

PHONE: () _____



PROPERTY OWNER & PROPERTY INFORMATION

PROPERTY OWNER NAME: _____

MAILING ADDRESS: _____

SIGN LOCATION ADDRESS: _____

TAX MAP & PARCEL NUMBER: _____

CURRENT ZONING: R-1 R-2 R-3 RA RB POS C-1 C-2 CBD GB
RPUD M-1 M-2 ENTERPRISE ZONE

CURRENT LAND USE: VACANT AGRICULTURAL RESIDENTIAL COMMERCIAL INDUSTRIAL

LOT DIMENSIONS (FT.) _____ LOT AREA (SQ.FT.) _____

IS ANY PORTION OF LOT IN FLOOD PLAIN OR FLOODWAY? YES NO

SETBACK INFORMATION (FOR NEW FREESTANDING SIGN STRUCTURES ONLY)

DISTANCE SIGN WILL BE LOCATED (FT.):

IN THE FRONT, FROM THE STREET RIGHT-OF-WAY? _____

IN THE REAR, FROM THE REAR PROPERTY LINE? _____

ON THE RIGHT SIDE, FROM THE RIGHT PROPERTY LINE? _____

ON THE LEFT SIDE, FROM THE LEFT PROPERTY LINE? _____

FROM THE PRIMARY BUILDING? _____

FROM THE SIDEWALK/CURB? _____

HEIGHT DISTANCE SIGN WILL PROJECT ABOVE GRADE (FT.)? _____

WILL THE SIGN BE LOCATED IN THE TOWN RIGHT-OF-WAY? YES NO

WILL SIGN OBSTRUCT ANY VISION ALONG TOWN RIGHT-OF-WAY? YES NO

WILL SIGN OBSTRUCT ANY WINDOW, DOOR, OR OTHER OPENING? YES NO

SIGN INFORMATION

DURATION OF SIGN: PERMANENT TEMPORARY REAL ESTATE SUBDIVISION OTHER

TYPE OF SIGN: GROUND POLE WALL PROJECTING BANNER AWNING OTHER

USE OF SIGN: COMMERCIAL INDUSTRIAL RESIDENTIAL OTHER

DIMENSIONS OF THE SIGN: _____ FT. X _____ FT. TOTAL AREA OF SIGN (SQ.FT.): _____

HEIGHT OF SIGN (FT.): _____

WILL SIGN BE ILLUMINATED? YES NO WILL SIGN BE LANDSCAPED? YES NO

WORDING OF SIGN: _____

SIGN MATERIALS: WOOD PLASTIC METAL NEON CLOTH BRICK MASONRY OTHER

EXPECTED PROJECT COMPLETION DATE: _____

ESTIMATED COST OF THE SIGN: _____

PLEASE NOTE: TEMPORARY SIGN PERMITS ARE ONLY VALID FOR A PERIOD OF THIRTY (30) DAYS. BANNERS ARE VALID FOR A PERIOD OF FIFTEEN (15) DAYS. ALL CHANGEABLE LETTER SIGNS MUST BE PERMANENT. PORTABLE SIGNS ARE STRICTLY PROHIBITED.

SIGN CONTRACTOR INFORMATION

CONTRACTOR/INSTALLER: _____ STATE LICENSE No.: _____

ADDRESS: _____

_____ PHONE: (____) _____

SIGN COMPANY: _____

APPLICANT CERTIFICATION

BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE DATE

OWNER CERTIFICATION

BY SIGNING BELOW, I CERTIFY THAT I AM AWARE OF THIS SIGN PERMIT APPLICATION AND I CONSENT TO THE INSTALLATION OF THE SIGN AS DESCRIBED ON THIS APPLICATION

OWNER SIGNATURE DATE

FOR COMMUNITY DEVELOPMENT OFFICE USE ONLY

DOES THIS APPLICATION MEET ALL THE REQUIREMENTS AND REGULATIONS OF THE TOWN OF ROCKY MOUNT ZONING & DEVELOPMENT ORDINANCE? YES NO If NO, WHICH SECTION(S) IS IN VIOLATION?

SKETCH ATTACHED? YES NO

APPLICATION IS: APPROVED DENIED

PERMIT FILE No: _____

FEE AMOUNT: _____ CASH CHECK WAIVED - EZ

ZONING ADMINISTRATOR SIGNATURE DATE