



Town of Rocky Mount SIGN APPLICATION

PERMIT NO. _____

All applications for a Sign Permit must be accompanied by a sketch of the proposed sign(s), drawn to scale showing the dimensions, height, and design of the sign and sign structure. If any freestanding sign is proposed, a plot plan must be provided showing the location of all existing and proposed freestanding signs on the lot and all adjacent lots.

BUSINESS/OWNER ESTABLISHMENT NAME: _____

PHYSICAL ADDRESS OF PROPOSED SIGN: _____

PHONE: _____ EMAIL: _____

PROPERTY OWNERS NAME & ADDRESS:
(IF DIFFERENT FROM BUSINESS OWNER) _____

TAX MAP & PARCEL NUMBER: _____ LOT SIZE (ACRES/SQ.FT.) _____

CURRENT ZONING: R-1 R-2 R-3 RA RB RPUD POS C-1 C-2 M-1 M-2 CBD CBD-ARTS & CULTURE GB

CURRENT LAND USE: VACANT AGRICULTURAL RESIDENTIAL COMMERCIAL INDUSTRIAL

PERMANENT TEMPORARY FREESTANDING EXISTING REPLACEMENT OTHER _____

NUMBER OF SIGNS: _____ MULTIPLE SIGNS: YES NO IF YES, PLEASE LIST ON REVERSE SIDE.

WORDING OF SIGN: _____

USE OF SIGN: COMMERCIAL INDUSTRIAL RESIDENTIAL OTHER _____

TYPE OF SIGN: GROUND POLE WALL PROJECTING BANNER AWNING OTHER _____

SIGN MATERIALS: WOOD PLASTIC METAL NEON CLOTH BRICK MASONRY OTHER _____

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

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

HEIGHT OF SIGN (FT.): _____ *If application includes Multiple Signs - please enter total of all signage.

FOR FREESTANDING SIGN STRUCTURES ONLY - SETBACK INFORMATION (FT.)

FRONT, FROM THE STREET RIGHT-OF-WAY? _____ FROM THE RIGHT PROPERTY LINE? _____

FROM THE PRIMARY BUILDING? _____ FROM THE LEFT PROPERTY LINE? _____

FROM THE SIDEWALK/CURB? _____ FROM THE REAR PROPERTY LINE? _____

HEIGHT SIGN WILL PROJECT ABOVE GROUND? _____ SIGN LOCATED IN THE TOWN RIGHT-OF-WAY? YES NO

EXPECTED PROJECT COMPLETION DATE: _____ ESTIMATED COST OF THE PROJECT: _____

MULTIPLE SIGN INFORMATION

	LOCATION & WORDING	SIGN DIMENSIONS (FT.)	SIGN TOTAL AREA (SQ.FT.)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

CONTRACTOR INFORMATION

STATE LICENSE No.: _____

SIGN COMPANY/APPLICANT NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PLEASE NOTE: OUT OF TOWN CONTRACTORS WHO EXCEED THE SUM OF \$25,000 IN ANY GIVEN YEAR MUST OBTAIN A BUSINESS LICENSE FROM THE TOWN FINANCE OFFICE PRIOR TO THE START OF THE PROJECT.

I HEARBY CERTIFY THAT I AM ACTING WITH THE KNOWLEDGE AND CONSENT OF THE PROPERTY OWNER AND/OR BUSINESS OWNER TO THE REQUEST DESCRIBED ON THE APPLICATION. BY SIGNING BELOW, I AGREE THE INFORMATION PROVIDED ON THE APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

BUSINESS OWNER/CONTRACTOR SIGNATURE DATE

BY SIGNING BELOW, I CERTIFY I AM AWARE OF THE REQUEST SUBMITTED AND THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE.

PROPERTY OWNER SIGNATURE DATE

FOR COMMUNITY DEVELOPMENT OFFICE USE ONLY

TOWN OF ROCKY MOUNT BUSINESS LICENSE REQUIRED? YES NO BUSINESS LICENSE No.: _____

SKETCH OF EACH SIGN ATTACHED? YES NO

FEE AMOUNT: _____ WAIVED - ARTS & CULTURE DISTRICT

APPLICATION: APPROVED DENIED

ZONING ADMINISTRATOR SIGNATURE DATE