



SIGN PERMIT APPLICATION

Planning Department
P.O. Box 448, Wilson's Mills, NC 27593
Phone: (919) 938-3885 Fax: (919) 938-1121

FILING INSTRUCTIONS:

- _____ The applicant/owner must complete this application in full. This application will not be processed unless all information requested is provided.
- _____ Submission of associated fees.
- _____ All signs are subject to associated building and trade permits from the Johnston County Inspections Department with required fees for permits, inspection fees, electric etc. To schedule an inspection, please call 919-989-5060.
- _____ An approved sign permit shall expire six months after the date of issuance if the work authorized by the permit has not been commenced. If the authorized work is discontinued for a period of 12 months, the permit shall immediately expire. No work authorized by any permit that has expired shall thereafter be performed until a new permit has been secured.
- _____ A sketch plan of the property indicating the location of any ground sign from property lines and right-of-ways.
- _____ A facade drawing or photograph with the proposed wall sign location(s).
- _____ Sign plans showing design, material and construction details.

APPLICANT INFORMATION:

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

OWNER INFORMATION:

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SIGN INFORMATION:

Project Location Address: _____

Tax Parcel ID #: _____ Zoning District: _____

Name of Business on Sign: _____

Type of Sign: Blade(Projecting) ____ V-Type ____ Flat (Wall) ____ Window ____ Directional ____

Outdoor Directory ____ Awning ____ Canopy ____ Residential Monument ____

Non-residential Monument ____ Non-residential Pole ____ Non-residential Directory ____

Non-residential Directional ____

Size of Sign: Height: ____ Width: ____ Square Footage of Sign Area: ____

Height from ground: ____ If Wall Sign, square footage of wall to be used: ____

SIGNATURE:

I(we) certify that I am the owner or have the consent of the owner to act on his behalf in applying for this permit. Further, all information presented in this application is accurate to the best of my knowledge and belief. I understand that incomplete, inaccurate, or illegible applications will not be processed. Further, I grant permission for members of the Town Staff to visit the site in question for informational needs and inspections. I agree that if this permit is granted, on the information presented herein, it may be revoked in the event of any breach of representation or any conditions to which may be attached.

Applicant/Authorized Agent Print Name_____
Applicant Signature_____
Date_____
Owner Print Name_____
Owner Signature_____
Date**FOR TOWN USE ONLY**

Date Received: _____

Application #: _____

Fee Paid/Date: _____

Approved _____ Denied _____

Reason for Denial: _____

Planning Department Signature_____
Date