

APPLICATION FOR SIGN PERMIT

L O C A T I O N	STREET # (N,S,E,W) _____ STREET NAME _____ (AV, RD, ST, etc) _____			PERMIT #
	SUITE/UNIT(S): _____			
	TAX JURISDICTION: (Check One) <input type="checkbox"/> 0-Mecklenburg <input type="checkbox"/> 1-Charlotte <input type="checkbox"/> 2-Davidson <input type="checkbox"/> 3-Cornelius <input type="checkbox"/> 4-Pineville <input type="checkbox"/> 5-Matthews <input type="checkbox"/> 6-Huntersville <input type="checkbox"/> 7-Mint Hill			
	PROPERTY OWNER _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE # _____			
	TAX PARCEL # _____		ZONING _____ JURIS _____	MAP # _____
SPECIAL USE: (circle) C D N P S STREET CLASSIFICATION: (circle) I II III IV V VI N/A				
JOB # _____	PROPERTY USE: _____			
USDC # 329	REMARKS: _____			
C O N T R A C T O R	SIGN CONTRACTOR _____ PHONE # _____			
	ADDRESS _____ CITY _____ STATE _____ ZIP _____			
	CONTRACTOR # _____	BONDED WITH BUILDING STANDARDS DEPARTMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	ELECTRICAL CONTRACTOR _____ PHONE # _____			
	ADDRESS _____ CITY _____ STATE _____ ZIP _____			
CONTRACTOR # _____	BONDED WITH BUILDING STANDARDS DEPARTMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No			
O W N E R	SIGN OWNER _____ PHONE # _____			
	ADDRESS _____ CITY _____ STATE _____ ZIP _____			
D E S C R I P T I O N	CATEGORY: <input type="checkbox"/> Detached Attached: <input type="checkbox"/> Canopy or Awning <input type="checkbox"/> Projecting <input type="checkbox"/> Roof <input type="checkbox"/> Wall			
	TYPE: BB <input type="checkbox"/> Bulletin Board NR <input type="checkbox"/> Non-Residential Park PR <input type="checkbox"/> Primary TP <input type="checkbox"/> Temp Planned Dev. BU <input type="checkbox"/> Business OP <input type="checkbox"/> Off-Premises SD <input type="checkbox"/> Secondary OT <input type="checkbox"/> Other (Describe) DI <input type="checkbox"/> Directory OA <input type="checkbox"/> Outdoor Advertising SC <input type="checkbox"/> Shopping Ctr. _____ ID <input type="checkbox"/> Identification PD <input type="checkbox"/> Planned Development SP <input type="checkbox"/> Sponsorship _____			
	- GENERAL INFORMATION -			
	ATTACHED: Existing Signs Attached to Building Wall/Roof # _____ Total Sq. Ft. _____ Existing Signs Attached to Entire Building # _____ Total Sq. Ft. _____ Area of Building Wall: Height _____ Ft. _____ In x Width _____ Ft. _____ In. = _____ Sq. Ft. Projection from Building _____ Ft. _____ In.			
	DETACHED: Ground Clearance: _____ Ft. _____ In. Total Height: _____ Ft. _____ In. In Sight Distance Triangle: <input type="checkbox"/> Yes <input type="checkbox"/> No Distance Behind R/W: _____ Ft. _____ In. Changeable Copy _____ % Total Sign			
	OTHER: Illuminated: <input type="checkbox"/> Yes <input type="checkbox"/> No Flashing: <input type="checkbox"/> Yes <input type="checkbox"/> No Drawings Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	SIGN SIZE: Height _____ Ft. _____ In. x Width: _____ Ft. _____ In. = _____ Sq. Ft.			
	REMARKS: _____			
	TOTAL FEE \$			

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

APPLICANT'S SIGNATURE _____

DATE _____

PRINT APPLICANT'S NAME _____

METHOD OF PAYMENT
 CASH/CHECK ACCOUNT

MECKLENBURG COUNTY LAND USE &
ENVIRONMENTAL SERVICES AGENCY
700 N. TRYON STREET • CHARLOTTE, NC 28202 • 704/336-3801

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY

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	TAX PARCEL #		JOB #		

E X A M P L E S	<p style="font-size: small;">SIGHT DISTANCE TRIANGLE</p>	<p style="font-size: small;">Sign Area = (A)x(B)</p> <p style="text-align: center;">ATTACHED/WALL SIGN</p>	<p style="text-align: center;">DETACHED SIGN</p>
	<p style="font-size: small;">DRAW NEW AND EXISTING SIGNS, STREET R/W'S, DRIVEWAYS, SIGHT DISTANCE TRIANGLES, ETC. (Separate application and drawings required for each sign)</p>		

D R A W I N G S	SITE PLAN	SIGN

ALL EXISTING AND PROPOSED SIGNS ARE SHOWN WITH EXACT MEASUREMENTS.

APPLICANT'S SIGNATURE _____ DATE _____ PRINT APPLICANT'S NAME _____

APPROVED BY