

City of Dunn Planning Department

102 N. Powell Ave. P.O. Box 1065 Dunn, NC 28335 Main: (910) 230-3505 Fax: (910) 230-9005

www.cityofdunn.org

## Sign Permit Application Submittal Checklist

This checklist indicates the minimum required for this permit application to be considered complete. Please **initial** each item in the following checklist. **Write** N/A for items that are not applicable.

| Applicant<br>Initials | Required component of complete application   |  |  |  |
|-----------------------|--|--|--|--|
|                       | Applicant logged in (Station outside of the Inspection Department)   |  |  |  |
|                       | Sign Permit Application is filled out completely. (Including PIN, Use, Illuminated, Type, measurements of sign and wall if applicable                          |  |  |  |
|                       | Original signatures are included. Copies not accepted.   |  |  |  |
|                       | Specifications and pictures of proposed sign(s) are included   |  |  |  |
|                       | Footing & Electrical permit has been filled out completely. (Including electrician name, address, license number, scope of work, cost of job, signature, etc.) |  |  |  |
|                       | I have read and understand the entire Sign Permit Application.   |  |  |  |

I understand that no application will be held that is considered incomplete. If found to be incomplete it will be returned to me to make the corrections before it will be reviewed or considered. All information contained in this Sign Permit Application is complete and accurate to the best of my knowledge and ability.

| Applicant:       |              | D            | ate:  |
|------------------|--------------|--------------|-------|
|                  | Printed Name | Signature    |       |
| Owner:           |              | D            | oate: |
|                  | Printed Name | Signature    |       |
|                  |              | Staff Review |       |
| Approved         | Denied       | _            |       |
| Staff Signature: |              | Date:        |       |
| Comments:_       |              |              |       |
| ·                |              |              |       |
|                  |              |              |       |
|                  |              |              |       |
|                  |              |              |       |
|                  |              |              |       |

## SIGN PERMIT APPLICATION Property Address: USE FOR **FREESTANDING OR LOW PROFILE** SIGN County PIN: Zoning: Use of Property: **YOUR SIGN** \_\_Y \_\_\_N Sign Illuminated ?\* \* Specifications and electrical permit required Type of Sign Proposed **PERMANENT** Attached Wall Sign Ground (monument)\* $A = \underline{\hspace{1cm}} inches/feet \\ B = \underline{\hspace{1cm}} inches/feet \\ D = \underline{\hspace{1cm}} inches/feet$ Low Profile\* Freestanding\* Interstate\* Off-premises\* USE FOR WALL SIGN Front building area = Width \_\_\_\_ x Height \_\_\_ = \_\_\_\_ square feet **TEMPORARY** Special Event Political Portable OTHER **YOUR SIGN** Repair ☐ Face Replacement Other $A = \underline{\hspace{1cm}} inches/feet \\ B = \underline{\hspace{1cm}} inches/feet \\ D = \underline{\hspace{1cm}} inches/feet$ For City Zoning Administrator **Permit Approved Permit Denied** USE FOR GROUND OR MONUMENT SIGNS **Conditional Permit** Conditions/Additional Requirements: **YOUR SIGN** All approvals are based on the information provided in this application, attached specifications and site plans. ZONING ADMINISTRATOR CHECK/CONF #\_\_\_\_\_ $A = \underline{\hspace{1cm}} inches/feet \\ B = \underline{\hspace{1cm}} inches/feet \\ D = \underline{\hspace{1cm}} inches/feet$ RECEIPT # \_\_\_\_\_ DATE

| Existing signs:                       | 1                    |  |                                 |  |
|---------------------------------------|----------------------|--|---------------------------------|--|
| Please attach photographs  Type Size: |                      | Please attac   | ch                              |  |
| 1                                     | pictu                | res, drawings and  | specifications                  |  |
| 2                                     | -                    | •  | •                               |  |
| 4.                                    |                      | ding face type (wood   |                                 |  |
| Property Owner Information:           |                      | lettering, type of le  | <u> </u>                        |  |
| Property Owner Name:                  |                      | led, vinyl), exact tex<br>ny logo, picture or i                                      | _                               |  |
| Property Owner Address:               | ]                    |  |                                 |  |
| City/State/Zip Code:                  |                      | Signs which require electrical wiring or footings in addition to a site plan:        |                                 |  |
| Owner Daytime Telephone:              | ]                    |  |                                 |  |
| Tenant Identification Information:    | PLEASE S<br>YOU WILL | PECIFY WHICH OF THE FOR  | OLLOWING PERMITS                |  |
| Tenant Name:                          | ]                    | TING   |                                 |  |
|                                       |                      | CTRICAL  |                                 |  |
| Tenant Address:                       |                      | OTTOAL   |                                 |  |
|                                       | 7                    | which is taller than six   | ` '                             |  |
| City/State/Zip Code:                  |                      | iire engineering documer   |                                 |  |
| Tenant Daytime Telephone:             | profession           | nal to withstand a 120 m   | ph wind load.                   |  |
| ()                                    |                      |  |                                 |  |
| Tenant Cell Telephone:                | 1 1 -                | sign will be illuminated   |                                 |  |
| ( )                                   | <b>-</b>             | electrical permit applica  |                                 |  |
| Contractor Information:               | this inforr          | nation in order to proces  | s the application.              |  |
| Name of Business:                     | 1                    |  |                                 |  |
|                                       | Certification        |  |                                 |  |
|                                       |                      | that all information in this application   |                                 |  |
| Business Address:                     |                      | mplete. I certify that all work will con<br>pplicable State and Local laws, ordinar  |                                 |  |
|                                       | that all constr      | uction will conform to the plans and   | specifications submitted and as |  |
| City/State/Zip Code                   | and specifica        | e City. I understand and agreed that a<br>tions must be submitted and a <sub>l</sub> |                                 |  |
|                                       | commencemer          | nt of construction of such changes.  |                                 |  |
| Business Daytime Telephone:           | Applicant:           |  | Date:                           |  |
| business bayunte releptione.          |                      | Signature  |                                 |  |
|                                       | ]                    |  |                                 |  |
| Business Fax Number                   | ]                    | Drinks at Names  |                                 |  |
|                                       |                      | Printed Name   |                                 |  |
| Business Cell Telephone               | -                    |  |                                 |  |
| Dusiness Cell Telephone               | Owner:               |  | Date:                           |  |
|                                       | J                    | Signature  |                                 |  |
| Contact Name:                         | ] [                  |  |                                 |  |
|                                       |                      | Duin-1 I NI  | _                               |  |
|                                       |                      | Printed Name   |                                 |  |
|                                       | 1                    |  |                                 |  |

## APPLICATION FOR <u>ELECTRICAL & FOOTING</u> PERMIT FOR SIGNS

| ☐ Inside City Limits ☐ Outside                                    | e City Limits                           |                |                               |        |
|---|---|----------------|-------------------------------|--------|
| Please note: 1) Application                                       | must be completely fi                   | lled out       |                               |        |
| Location of Site (Street Address Lot #: Subdivision:              | f Site (Street Address): Phase/Section: |                | Flood Zone:                   |        |
| Owner Name:   |   |                |                               |        |
| General Contractor:   |   |                |                               |        |
| Name:   |   | Telephon       | e:                            |        |
| Address:  | Class:                                  |                |                               |        |
| Expiration of Workers Compens<br>General Contractor Signature: _  | ation Insurance:                        |                |                               |        |
| Electrical Contractor: Name:                                      |   | Telephon       | e:                            |        |
| Address:  |   | St<br>Expirati | ate:<br>on Date: <sub>_</sub> | _ Zip: |
| Expiration of Workers Compens<br>Electrical Contractor Signature: | ation Insurance:                        |                |                               |        |
| Type of Property: ☐ Non-Re  | esidential 🔲 Resident                   | ial            |                               |        |
| Cost of Construction: Electrical: \$                              | (Estimated cos                          | t of job)      |                               |        |
| Premise Number:   |   |                |                               |        |
| Description of work being done                                    | :                                       |                |                               |        |
|   |   |                |                               |        |
| Applicant Signature:  |   | Da             | ate:                          |        |
| Inspector Signature:  |   | D              | ate:                          |        |
|   |   |                |                               |        |

If work is done by an Electrical Contractor, they <u>must</u> be licensed by the State of North Carolina.