

City of Dunn Planning Department

102 N. Powell Ave. P.O. Box 1065 Dunn, NC 28335

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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 Initials	Required component of complete application	Staff Initials
	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	
	Electrical permit has been filled out completely. (Including electrician name, address, license number, scope of work, cost of job, signature, etc.)	
	Drawings must be provided of the type and size of the proposed signage	
	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:		Date:
Printed Nam	e Signature	
Owner:		Date:
Printed Nam	e Signature	
	Staff Review	
Approved Denied	d	
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)* 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 inches/feet D = ____inches/feet For City Zoning Administrator B = ____inches/feet 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 #_____ RECEIPT # _____ DATE

Existing signs: Please attach photographs	
Type Size:	Please attach
1	pictures, drawings and specifications
2	
3. 4.	including face type (wood, vinyl, metal),
	size of lettering, type of lettering (painted,
Property Owner Information:	molded, vinyl), exact text wording and
Property Owner Name:	
	any logo, picture or illustration.
Property Owner Address:	
	Signs which require electrical wiring or feetings in
City/State/Zip Code:	Signs which require electrical wiring or footings in addition to a site plan:
Owner Daytime Telephone:	
	PLEASE SPECIFY WHICH OF THE FOLLOWING PERMITS YOU
Tenant Identification Information:	WILL NEED:
Tenant Name:	☐ FOOTING — INCLUDE ON DESCRIPTION
	☐ ELECTRICAL — LICENSED CONTRACTOR AND MUST BE
Tenant Address:	INCLUDED ON APPLICATION
City/State/Zip Code:	Any sign which is taller than six (6) feet above grade shall
	require engineering documents sealed by a design
Tenant Daytime Telephone:	professional to withstand a 120 mph wind load.
()	
Tenant Cell Telephone:	*If your sign will be illuminated, please complete the
()	electrical permit for the application. We MUST have this
Contractor Information:	information in order to process the application.
Name of Business	
Name of Business:	Certification
	I hereby certify that all information in this application and attached to this application is
Business Address:	correct and complete. I certify that all work will comply with the State Building Code and
	all other applicable State and Local laws, ordinances and regulations. I certify that that all
	construction will conform to the plans and specifications submitted and as approved by the City. I understand and agreed that any changes to the approved plans and
City/State/Zip Code	specifications must be submitted and approved by the City prior to commencement of
	construction of such changes.
	Applicant: Date:
Business Daytime Telephone:	Applicant: Date: Date:
	J. J
Business Fax Number	Printed Name
	Owner: Date:
	Signature
Contact Name:	
	Drinted Ners
	Printed Name