

Permit Fee: _____ Permit #: _____

Town of North Wilkesboro Sign Permit

Planning Department

832 Main Street - PO Box 218 North Wilkesboro, NC 28659

Phone: (336) 667-7129 ext. 3011

Email: planning@northwilkesboronc.gov



Permit Information:

Property Address:
Property Owner:
Mailing Address:
Name of Business:

Applicant Information:

Name:	Address:
Phone:	Email:

Sign Information:

Attach photos of sign design to scale or with all measurements.

Location of Sign(s): <i>Site Plan Required*</i>
Number of Sign(s):
Permanent or Temporary:
Type of Sign:

Sign Design Information:

	Materials of Sign(s)	Size of Sign(s) (Sq. Ft.)	Sign Height Above Ground (Ft.)	Illuminated or Electronically Changeable?
Sign 1:				
Sign 2:				
Sign 3:				
Sign 4:				

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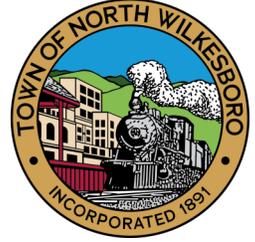
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Determining Sign Area

The area of the sign face shall be computed by determining the smallest area cropped to the signs letters. (See Example)



THIS AREA IS FOR OFFICE USE ONLY

Parcel ID:

Zoning District:

Approved Not Approved Any Conditions:

OTHER DEPARTMENT / ZONING APPROVALS AND/OR INSPECTIONS REQUIRED:

(If a departmental box is checked, the applicant must contact that department for separate approval, as well as additional conditions and restrictions that may be required.)

North Wilkesboro Building Inspections:

(336) 667-7129 Ext. 3009

Wilkes County Building Inspections:

(336) 651-7303

Number of Signs Allowed:

Maximum Square Footage Allowed:

Conditions, Restrictions, and/or Staff Comments:

TO BE SIGNED BY APPLICANT AFTER THE REMAINDER OF DOCUMENT IS COMPLETED BY STAFF

By signing, the applicant certifies full permission to act on the owner's behalf for the purposes of securing a sign permit for the development described in this application and that all information presented is correct to the best of their knowledge.

Further, the applicant certifies that they have read and understand the information contained in this application and will adhere to any conditions and/or restrictions specified above.

Signature of Applicant:

Date:

Signature of Review Officer:

Date: