

Fee: \$ _____ Permit # _____



Town of North Wilkesboro Sign Permit

P.O. Box 218
832 Main Street

North Wilkesboro, NC 28659

Phone: (336)667-7129 Ext. 3011 Fax: (336)838-1779

planning@north-wilkesboro.com

***Note:** A building permit may be required for certain signs. Please check with the Building Inspector for applicable standards. A building permit **may be required, please verify with the Building Inspector.** Sign fees are calculated based on square footage of sign.

Applicant Name/ Sign Company: _____

Phone Number and Email: (_____) _____

Name & Owner of Business: _____

Phone Number and Email: (_____) _____

Address of sign's location: _____

Property owner & contact: _____

Phone Number and Email: (_____) _____

Location of Sign(s): _____
Site plan required

Number of Sign(s): _____

Type of Sign (s): _____

Permanent or Temporary: _____

Size of Sign (sq. ft.): Sign 1: _____ Sign 2: _____

Sign 3: _____ Sign 4: _____

Materials of sign(s): _____

Illumination (Exterior, Interior, or None): _____

Sign height above ground (feet): _____

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For Wall Signs Façade Measurements are needed:

Width of Business (wall to wall): _____

Height of Business (ground to top of façade): _____

Is this sign part of a shopping center?

- Yes
- No

If yes, what is the name of the shopping center? _____

Will the sign be part of a multi-tenant sign? _____

Sign size on multi-tenant sign (sq. ft.): _____

Applicant Must Also:

- Attach photos of sign design to scale or with all measurements
- Detail of how sign will be installed (Building permit may be needed)
(wall mounted, ground footings, or other applicable installation)
- Receive a copy of the Town Ordinance regulating sign usage within said designated Zoning District.
- I have read and fully agree to the release statement below.
- Remit all applicable fees, contact Planning Director for total cost.

*****IMPORTANT*****

The applicant agrees to all applicable Town regulations and ordinances, the laws of the State of North Carolina, and specifications of items submitted. The applicant also agrees that if the said sign is found in violation of the Town Ordinance at anytime in the future, the applicant must bring the sign into compliance or become penalized as specified in Town Code 19-16.

- I certify the above information to be true and correct and that I have received and reviewed the applicable ordinances in regards to this application.*

Applicant Signature: _____ Date: _____

[Office Use Only]

| | |
|---------------------------------------|------------------------------------|
| Zoning Permit date issued: _____ | Zoning District: _____ |
| Number of Signs allowed: _____ | Shopping Center: _____ |
| Maximum square footage allowed: _____ | Building Permit needed? _____ |
| Temporary sign- date expires: _____ | Date of Building Inspection: _____ |

- Approved Any Conditions: _____
- Not Approved

Town Official: _____

Issued by: _____ Date issued: _____