

**ALAMANCE COUNTY SIGN PERMIT APPLICATION**

Property Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Property Owner Name \_\_\_\_\_ Property Owner Phone \_\_\_\_\_

Utility Owner Name \_\_\_\_\_ Utility Owner Phone \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Subdivision Lot Number \_\_\_\_\_

Geographic Parcel Identification Number \_\_\_\_\_ Tax Map Number \_\_\_\_\_

Census Tract \_\_\_\_\_ Township \_\_\_\_\_

Jurisdiction \_\_\_\_\_ Zoning \_\_\_\_\_

- Watershed       Flood Zone       Flood Certification       Farm District       Corner Lot
- Water Type:**       City Water       New Well       Existing Well       Community Well
- Sewage Type:**       City Sewer       New Septic       Existing Septic

**CONTRACTOR INFORMATION**

Contractor Name \_\_\_\_\_ Contractor Phone \_\_\_\_\_

Contractor Street Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

County Control Number \_\_\_\_\_ North Carolina License Number \_\_\_\_\_

- Owner is Contractor       Owner Occupied

**BUSINESS INFORMATION**

Business Name \_\_\_\_\_ Business Owner \_\_\_\_\_

Owner Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

**SIGN 1 INFORMATION**

- Free Standing       Pole Mounted       Wall Mounted      Square Footage \_\_\_\_\_       Lighted

**SIGN 2 INFORMATION**

- Free Standing       Pole Mounted       Wall Mounted      Square Footage \_\_\_\_\_       Lighted

**SIGN 3 INFORMATION**

- Free Standing       Pole Mounted       Wall Mounted      Square Footage \_\_\_\_\_       Lighted

Construction Cost \_\_\_\_\_

A photo ID is required to accompany all applicant signatures

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I hereby certify that all information in this application is correct and all work will comply with the N.C. State Building Code and all other applicable state, local laws, ordinances, and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Applicant Printed Name \_\_\_\_\_ Applicant Phone \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**MUST BE COMPLETED BY ZONING OFFICIAL ONLY**

Jurisdiction \_\_\_\_\_ Zoning \_\_\_\_\_

**Setbacks:** Front \_\_\_\_\_ Back \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_

**Water Type:**  City Water  Well

**Sewage Type:**  City Sewer  Septic

Zoning Official Printed Name \_\_\_\_\_

Zoning Official Signature \_\_\_\_\_ Date \_\_\_\_\_