# CITY OF WHITEVILLE SIGN PERMIT APPLICATION

Inspection/Zoning Divisions PO Box 607, Whiteville, NC 28472 Ph.(910) 642-6046

## GENERAL

Project Name: _____ Parcel #: _____ Date: _____

Project Address: (911) _____ Property Owner's Name: _____

Sign contractor: _____ Address: _____ Ph. #: _____

Electrical contractor: _____ Lic. #: _____ Ph. #: _____ Contract cost: _____

Lot frontage: _____ ft. Side street frontage (if any): _____ ft. Total Contract Cost: _____

**PRIVILEGE LICENSES ARE REQUIRED FOR ALL CONTRACTORS WHEN DOING WORK WITHIN THE CITY LIMITS**

## DESCRIPTION

FREESTANDING: Total new sign area: _____ (Height) X _____ (Width) = _____ (Area) Sq. ft. Lighted: ( )Yes ( )No

Total height to top of sign: _____ Ft. _____ In. Ground clearance under sign area: Ft. _____ In. _____

In sight distance triangle: ( ) yes ( ) no Distance behind Right-of-Way line: Ft. _____ In. _____

Other than new sign, number of existing freestanding signs: _____ Total sq. footage of all existing signs: _____ Sq. ft.

**ALL POLE SIGNS MUST BE DESIGNED TO MEET 120 MPH WINDLOAD**

ATTACHED: Total new sign area: _____ (Height) X _____ (Width) = _____ (Area) Sq. ft. Lighted: ( )Yes ( )No

Projection from the building: _____ Ft. _____ In. Ground clearance under sign area: _____ Ft. _____ In.

Area of building wall: _____ (Height) X _____ (Width) = _____ (Area) Sq. ft.

Other than new, number of existing signs attached to building(s): _____ Total sq. footage of all existing signs: _____ Sq. ft.

WINDOW: OR DOOR: Total new sign area: _____ (Height) X _____ (Width) = _____ (Area) Sq.ft. Lighted: ( )Yes ( )No

Size of window: _____ (Height) X _____ (Width) = _____ (Area) Sq.ft. Number of existing attached signs: _____

## DRAWINGS

**(SEE OTHER SIDE OF FORM FOR EXAMPLE)**

DRAW DIAGRAM OF LOT, SHOWING NEW AND EXISTING SIGNS, R/W'S, DRIVEWAYS, SIGHT DISTANCE TRIANGLES, ETC.

DRAW DIAGRAM OF SIGN, GIVING EXACT DIMENSIONS

## SIGNATURE

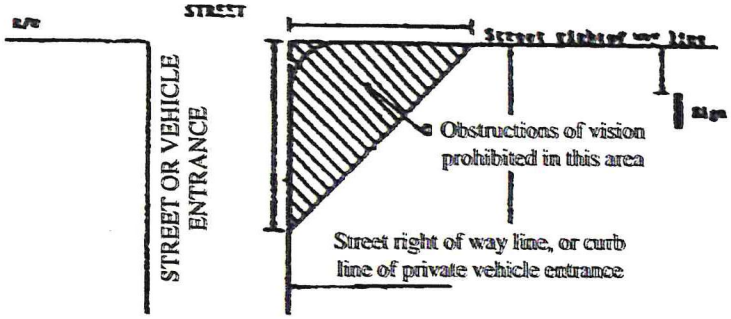
*Permit expires if work or construction is not begun within 6 months, or if construction or work is suspended or abandoned for a period of 12 months at any time after work has begun. I affirm that all information is true and correct, that I will complete all work, call for all inspections in a timely manner and comply with the requirements of all local, state and federal codes and regulations.*

Signed: _____ Date: _____

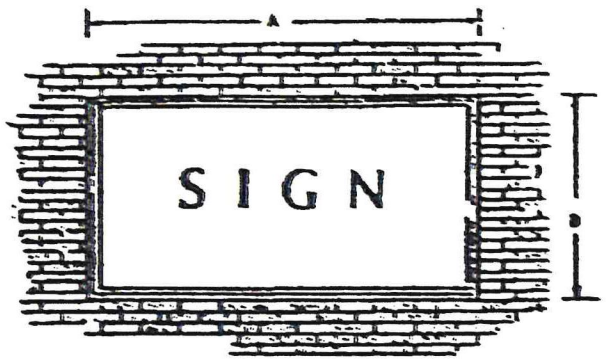
## OFFICIAL USE

PERMIT FEE: _____ ZONING DISTRICT: _____ PRIMARY FIRE DISTRICT: ___ YES ___ NO

DATE: _____ APPROVED BY: _____ COMMENTS: _____

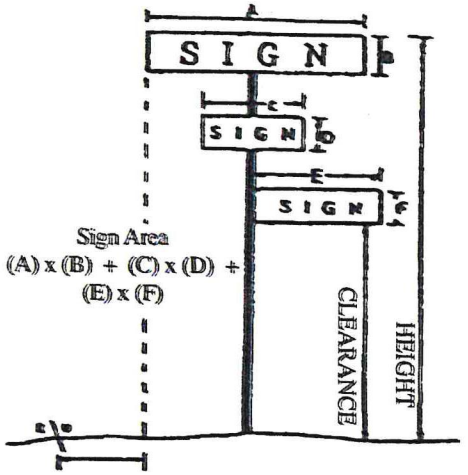



SIGHT DISTANCE TRIANGLE




SIGN AREA = (A) X (B)

ATTACHED/WALL SIGN




**FREE-STANDING**

**NOTES**