

TOWN OF MAXTON
OFFICE OF THE ZONING ADMINISTRATOR
SIGN PERMIT APPLICATION

Property Owner: _____ Date Applied: _____

Property Occupant: _____ Address: _____

Name of Person Making Application: _____

IN THIS SPACE, SKETCH A PLAN SHOWING
THE FOLLOWING INFORMATION:

1. Area of the sign
2. Size, Character, General Layout,
and Designs proposed
3. Method and Type of Illumination, if any.

Signed: _____

Phone Number: _____

NOTE: See the back of this page for additional information required.

TO BE FILLED IN BY ZONING ADMINISTRATOR

Zone _____ Application Approved: Yes _____ No _____

Reason if Denied: _____

Officer: _____ Date: _____

Permit Fee: _____ Date Paid: _____