

## SIGN PERMIT APPLICATION



This section to be completed by County:

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_  
 Date Completed: \_\_\_\_\_ Confirmed by: \_\_\_\_\_  
 Subject Property Tax Map No.: \_\_\_\_\_

Type of Proposed Sign(s) (Check all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Wall Sign            | <input type="checkbox"/> Free Standing Sign | <input type="checkbox"/> Portable Sign     |
| <input type="checkbox"/> Shopping Center Sign | <input type="checkbox"/> Off-Premise Sign   | <input type="checkbox"/> Construction Sign |
| <input type="checkbox"/> Temporary Sign       | <input type="checkbox"/> Other _____        |  |

Please Print:

Business Name: \_\_\_\_\_ Zoning District: \_\_\_\_\_  
 Address: \_\_\_\_\_

Please provide the following information:

1.	Sign Type	No.	Length/Width	Total Sq. Ft.	Location	Height
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

2. Will the sign be illuminated or have moving elements? \_\_\_\_\_

3. Will the sign be permanently anchored to the building or ground? \_\_\_\_\_  
 If no, explain: \_\_\_\_\_

4. Distance sign will be from right-of-way or property line: \_\_\_\_\_

5. Sign Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

6. Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

7. Sign Erector/Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

8. Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

**SIGN PERMIT APPLICATION**

I, the undersigned Applicant, hereby acknowledge that this application and attached plan are correct and I agree to comply with the County Ordinances and Codes regarding signs. I understand that this/these sign(s) should not be erected without full knowledge and agreement of the property owner. Finally, I hereby authorize an on-site review by County staff.

\_\_\_\_\_  
Printed Name and Signature of Property Owner or Authorized Applicant    Date

Approved:

\_\_\_\_\_  
Planning and Zoning Administrator                      Date                      Permit No.

**SIGN PERMIT APPLICATION**

**CHECKLIST OF INFORMATION AND ITEMS NEEDED PRIOR TO APPROVAL OF SIGN PERMIT:**

To demonstrate compliance with Article XX of the Perquimans County Zoning Ordinance, additional information is attached, as follows:

\_\_\_\_\_ Application Form.

\_\_\_\_\_ Owner's Authorization Form (if applicable).

\_\_\_\_\_ Plan that includes an illustration of the proposed signage, drawn to scale, showing the design of the sign including dimensions, methods of attachment or support, source of illumination, the relationship to any building or structure to which it will be installed or affixed.

\_\_\_\_\_ Plot plan approximately to scale indicating the location of the sign relative to property lines, easements, streets, sidewalks, and other signs.

\_\_\_\_\_ Sign Application Fee.

\_\_\_\_\_ My ownership of the property is evidenced by attached deed recorded in Real Estate Book \_\_\_\_\_, Page \_\_\_\_\_ OR Will File Number \_\_\_\_\_.

\_\_\_\_\_ My property is known as Township No. \_\_\_\_\_, Map/Development No. \_\_\_\_\_, Parcel No. \_\_\_\_\_.

\_\_\_\_\_ Other (specify): \_\_\_\_\_.

\_\_\_\_\_ Other (specify): \_\_\_\_\_.

APPLICABLE FEES AT THE TIME OF SUBMISSION:

\$50.00 On-Premises and Off-Premises Signs

**SIGN PERMIT APPLICATION**

**OWNER(S)' AUTHORIZATION FORM**

**\*\*NOTE: IF THE APPLICANT REQUESTING A SIGN PERMIT FOR A PARTICULAR PIECE OF PROPERTY IS NOT THE ACTUAL OWNER OF THE PROPERTY, THE ACTUAL OWNER MUST COMPLETE THIS FORM. IF THE PERSON WHO IS REQUESTING A SIGN PERMIT IS THE OWNER, PLEASE DISREGARD THIS FORM\*\***

Dear Sir or Madam:

I am the owner of the property located at \_\_\_\_\_ . I hereby authorize \_\_\_\_\_ to appear with my consent before the Planning and Zoning Administrator and the County Manager in order to request a Sign Permit subdivision at this location. I authorize you to advertise and present this matter in my name as the owner of the property. If you have questions or need more information, please contact me at address \_\_\_\_\_ or by telephone at \_\_\_\_\_ .

Respectfully yours,

\_\_\_\_\_

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Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_ County of \_\_\_\_\_

State of \_\_\_\_\_

My commission expires: \_\_\_\_\_