

Permit # _____

SIGN PERMIT

OWNER'S NAME _____

ADDRESS: _____
(LOCATION OF WORK)

CONTRACTOR'S NAME: _____

ADDRESS: _____

PHONE: _____ email: _____

TYPE OF SIGN: ___ New ___ Replacement ___ Reface
___ Freestanding (Pole Mounted) ___ Wall Mounted ___ Temporary ___ Canopy
___ Projecting ___ Other (Please describe : _____)

*** A SITE PLAN SHOWING THE PROPOSED LOCATION OF THE SIGN OR SIGNS SHALL BE SUBMITTED WITH THE APPLICATION.**

**** SPECIFICATIONS AND SCALE DRAWINGS SHOWING THE MATERIALS, DESIGN, DIMENSIONS, STRUCTURAL SUPPORTS, HEIGHTS AND ELECTRICAL COMPONENTS OF THE SIGN(S) SHALL BE SUBMITTED WITH THE APPLICATION.**

*****SIGN PERMIT COST IS \$50.00 plus \$5.00 Technology Fee*****

All lights/lighted signs require an electrical permit

I hereby agree to conform to all applicable Town of Red Springs Ordinances.

Applicant's Signature: _____ Date: _____

For office Use:
Total Fee Paid: _____ ***Receipt#:*** _____

Issued by: _____ ***Date:*** _____

Please provide a sketch that includes the dimensions of the proposed (or existing) sign.