

PLANNING AND DEVELOPMENT DEPARTMENT



INSPECTION SERVICES DIVISION CITY OF HIGH POINT NORTH CAROLINA

SIGN PERMIT APPLICATION

LOCATION _____
Street Number N.S.E.W. Street Name State Suite No./Units

ZONING DISTRICT: _____ SIGN/INSTALLATION VALUE: _____

USE OF PROPERTY (Business, Mercantile, etc.): _____

CONTRACTOR: _____
Name

Street Address City State Zip Telephone

BUSINESS OWNER/OCCUPANT: _____
Name

Street Address
City State Zip Telephone

CATEGORY

- Freestanding Wall Attached (Canopy or Awning)

GENERAL INFORMATION

ATTACHED SIGNS:

AREA OF BUILDING WALL: HEIGHT ___ FT. ___ IN. x WIDTH FT. ___ IN. = _____ TOTAL SQ. FT.
NO. _____ TOTAL SQUARE FEET _____

FREESTANDING SIGNS:

TOTAL HEIGHT _____ FT. _____ IN.

DISTANCE BEHIND RIGHT-OF-WAY LINE _____ FT. _____ IN.

SIGN SIZE: HEIGHT _____ FT. _____ IN. x WIDTH _____ FT. _____ IN. = _____ TOTAL SQUARE FEET

ILLUMINATED: YES NO DRAWINGS ATTACHED: YES NO

TEMPORARY SIGN: YES NO FROM ___ / ___ / ___ TO ___ / ___ / ___

INDICATE PURPOSE OR REASON FOR TEMPORARY SIGN: _____

REMARKS (Call 883-3026 to schedule a zoning sign final): _____

The undersigned hereby certifies that he/she is either the owner or the authorized agent of the owner and hereby makes application for permit and inspection of work herein described and agrees to comply with all applicable laws pertaining to the work

Applicant's Signature _____ Date _____

Approve Not Approved _____
Zoning Enforcement Officer Date