

# SIGN PERMIT

## Town of Hildebran



Date  Permit Number    
(Town Use Only)

Applicant/Business Name  Phone:

Address of Property:

Property Owner Name   
(if different than applicant)

Mailing Address   
(If different from project address)

Parcel Number (PIN)

Type of Sign (Check any that apply):

Ground-Mounted <input type="checkbox"/>	Banner (Temporary) <input type="checkbox"/>	Projection /Hanging <input type="checkbox"/>
Portable (Temporary) <input type="checkbox"/>	Wall-Attached <input type="checkbox"/>	Canopy <input type="checkbox"/>
Roof Sign <input type="checkbox"/>	Window Sign <input type="checkbox"/>	Subdivision Monument <input type="checkbox"/>
Off-Premise <input type="checkbox"/>	Home Occupation <input type="checkbox"/>	Other <input type="checkbox"/>

Contractor Name:  License No:  Phone:

Address:  Estimated Project Cost:

**Sign Information:**

Height of Sign:  Face Area of Sign in Sq. Feet

Distance of Sign from Right of Way

If this is a temporary sign, when will it be removed?

Will the sign be electrified? No  Yes   
Please specify method of illumination

Notes/Conditions (Town Staff Use Only):

**Zoning Information (Fill out as much as you know):**

Zoning District

Type of Use:	Single Family Residential <input type="checkbox"/>	Multifamily Residential <input type="checkbox"/>
	Industrial/Manufacturing <input type="checkbox"/>	Commercial <input type="checkbox"/>
	Institutional <input type="checkbox"/>	Accessory <input type="checkbox"/>

**Required Setbacks:**

These are minimums. Attach a site plan with your proposed setbacks.

Front  Side  Rear

Side Street  Building   
(for corner lots) (For freestanding signs)

*In the space below, please sketch the dimensions of the proposed sign, and sketch a basic map showing its location and distance in feet on the lot relative to the building, lot lines and street. (You may attach a separate sheet instead).*

I do hereby certify that the foregoing statements are accurate and correct to the best of my understanding and knowledge, and I agree to conform to all Town Ordinances and Laws of the State of North Carolina regulating such work and any plans or specifications submitted.

Applicant Signature  Date

Zoning Admin Signature  Date

An approved Permit shall expire and be canceled unless the work authorized by it shall have begun within six (6) months of its issued date.

**Permit Fees**    Temporary Sign: \$0    Permanent Sign: \$15