

## Sign Permit Application

Development Services Department  
1510 Blowing Rock Road  
Boone, North Carolina 28607  
Phone (828) 268-6960 • Fax (828) 268-6961  
[www.townofboone.net](http://www.townofboone.net)

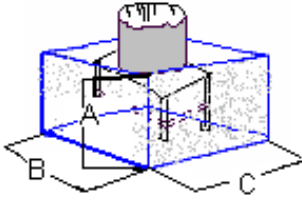


<b>Applicant/Sign Company Information:</b>		<b>Property Owner Information:</b>	
Applicant (Print):		Property Owner (Print):	
Applicant Address:		Property Owner Address:	
Applicant Phone:		Property Owner Phone:	
Applicant Fax:		Property Owner Fax:	
Schedule B License Number for Sign Company/Contractor:		Schedule B License Number for Business:	
<b>Property Information:</b>			
Property Address and Watauga County PIN#:		Property Zoning District:	
<b>Sign Specifications:</b>			
<input type="checkbox"/> Attached <input type="checkbox"/> Directory <input type="checkbox"/> Freestanding*** <input type="checkbox"/> Projecting <input type="checkbox"/> Canopy <input type="checkbox"/> Painted Wall			
Corner Lot? <input type="checkbox"/> Yes <input type="checkbox"/> No		Lighted Sign?** <input type="checkbox"/> Yes <input type="checkbox"/> No	Linear Building Frontage:
Sign Height:	Sign Width:		Total Square Footage :
Sign Copy:		Sketch of Sign Showing Proposed Locations and Dimensions:	
Total number of signs currently on property:			
<b>*Note</b>			
1. All freestanding and lighted sign applications require the completion of the information below.			
2. All lighted sign applications require an electrical regulation check sheet.			
3. Contractor must call to schedule a footer inspection for all freestanding signs prior to pouring concrete.			
<b>NO WORK MAY BE STARTED UNTIL ALL APPLICABLE PERMITS HAVE BEEN ISSUED.</b>			
Applicants Initials:		Staff Initials:	
<b>**Information Needed For All Lighted/Electrical Signs:</b>			
Type of Light:			
<input type="checkbox"/> Incandescent <input type="checkbox"/> Fluorescent <input type="checkbox"/> Mercury Vapor <input type="checkbox"/> Neon <input type="checkbox"/> HPS			
Total Wattage:		Number and Size of Supply Circuits:	
<b>Note: If power is to be supplied from other power than the existing building, such as a separate service, additional information will be required.</b>			

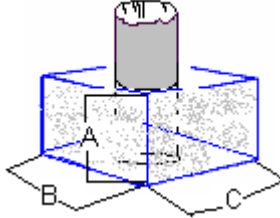
**\*\*\*Information Needed For All Freestanding Signs**

Please select foundation type:

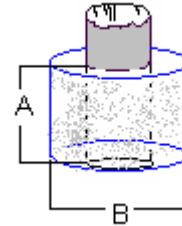
1. Anchor Bolt



2. Direct Embedded



3. Augured Hole



**Measurements (please attach design and any additional measurements):**

A: \_\_\_\_\_

B: \_\_\_\_\_

C: \_\_\_\_\_

Height of Sign Above Ground: \_\_\_\_\_

Height of Sign Support: \_\_\_\_\_

Width of Sign: \_\_\_\_\_

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws, ordinance (Unified Development Ordinance) and regulations.

Applicant (Print) \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**OFFICIAL USE ONLY**

Approvals Needed:       Zoning                       Electrical (Lighted)                       Building (Freestanding)

Electrical Comments:

Electrical Approval: \_\_\_\_\_

Signature

Date

Building Comments:

Building Approval: \_\_\_\_\_

Signature

Date

Zoning Comments:

Zoning Approval: \_\_\_\_\_

Signature

Date

**Fees Paid**

Sign Permit:	#	\$	Date:	Receipt#:
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Electrical:	#NA	\$	Date:	Receipt#:
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Project File Name: \_\_\_\_\_