

**CITY OF ALBEMARLE
ZONING SIGN PERMIT**

JOB ADDRESS:

ZONING: _____

TAX #: _____

PROPERTY OWNER:

FREESTANDING SIGN #: _____

FAÇADE sq ft: _____

WINDOW sq ft: _____

WALL SIGNAGE ALLOWED sq ft: _____

WINDOW ALLOWED sq ft: _____

CONTRACTOR: _____

Will signage have lighting? _____

CONTACT PERSON: _____

If so, will it be external or internal? _____

PHONE #: _____

Signage with lighting shall meet NESC standards

BUSINESS NAME & CONTACT INFORMATION

FREESTANDING SIGNAGE SETBACKS

Front: _____ **Rear:** _____

Right: _____ **Left:** _____

PHONE #: _____

HEIGHT: _____

| TYPE SIGN | NO. OF SIGNS | DIMENSIONS | TOTAL SQ. FT. | PERMIT FEE |
|-----------|--------------|------------|---------------|---------------------|
| | | | | |
| | | | | DATE OF APPLICATION |
| | | | | TAKEN BY |
| | | | | PERMIT NO. |
| | | | | COA NO. |

REMARKS:

Additional permits may be required per NC building code. Contact Stanly County Permitting for additional information (704) 986-3675.

The undersigned hereby makes application as designated above, and agrees to conform to all applicable laws of the City of Albemarle and the State of North Carolina. The undersigned further states that all statements made herein are true.

SIGNATURE OF APPLICANT _____ **DATE:** _____ **OWNER CONTRACTOR AGENT**

DENIED _____ **GRANTED** _____ **NOT VALID UNLESS SIGNED BY:** _____ **DATE:** _____

This is a permit to erect signs only. Its issuance does not guarantee that the property to which it applies is in compliance with other laws and ordinances that might affect it and the owner may have to comply with other laws and ordinances with respect to this property.

CITY OF ALBEMARLE

**PO BOX 190, 144 NORTH SECOND STREET
ALBEMARLE, NC 28002-0190**

PHONE (704) 984-9424
FAX (704) 984-9835