

## TOWN OF FOUR OAKS INSPECTIONS DEPARTMENT

310 N. MAIN STREET

FOUR OAKS, NC 27524

919-963-3112 EXT. 124

[buildinginspector@fouroaks-nc.com](mailto:buildinginspector@fouroaks-nc.com)

# SIGN PERMIT APPLICATION

### SUBMISSION REQUIREMENTS:

Each application for a sign permit must include (2) complete sets of plans including a site plan showing the location of the sign with all setbacks. The setbacks must show the actual dimensions.

All plans must bear the name, signature and address of the designer of record. A complete sign permit application must be included in the submittal with all items requested. Be sure to complete the "Contact Information" section and sign and date the permit application. Please make sure that the application is legible. If we can't read the application, we cannot get in contact with you.

All freestanding signs with any portion of the sign or support greater than 6 feet in height must have sealed engineered footings designed for 120mph wind zone. **\*\* Height/size requirements must meet Zoning requirements for appropriate jurisdiction. \*\***

All wall mounted signs must show method of attachment to building or structure.

A zoning permit is required for all sign permits. Please include a copy of the zoning or land use permit with the application.

Review Process:

The review process generally takes a few days, depending upon the complexity of the plans. The individual listed in the "Contact Information" will be contacted with any comments.

### PLEASE NOTE:

If a sign requires electricity, a Certificate of Compliance will not be issued until the electrical permit has been purchased and the electrical inspected and approved.

Continued on back

**TOWN OF FOUR OAKS INSPECTIONS DEPARTMENT**

**SIGN PERMIT APPLICATION**

Sign/Business Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Location of Sign: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PLEASE ENTER THE NUMBER OF EACH TYPE OF SIGN:

Off Premises: \_\_\_\_\_ Wall Sign(s): \_\_\_\_\_ Ground Sign(s): \_\_\_\_\_

Projection: \_\_\_\_\_ Special Event: \_\_\_\_\_ Other: \_\_\_\_\_

Total number of signs: \_\_\_\_\_ Job Cost: \_\_\_\_\_ Occupancy: **UTILITY**

**CONTACT INFORMATION**

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**CONTRACTOR INFORMATION**

Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License# \_\_\_\_\_

Electrical Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License # \_\_\_\_\_ Premise # \_\_\_\_\_ **ELETRICAL JOB COST:** \_\_\_\_\_

**REGULATIONS**

I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Codes and all other applicable State and Local Laws and Ordinances and Regulations. The Town of Four Oaks Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein. The under-signer also declares all subcontractors for this project have been notified of their contractual obligation to this project. A permit issued shall be constituted as permission to proceed with the work and not as authority to violate, cancel, alter, or set aside any of the provisions of the technical codes. Issuance of a permit shall not prevent the Inspections Department from requiring corrections of errors in plans, construction, or violations of this code (General Statues 153A-357 and 160A-417).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_