



Town of Rocky Mount SIGN APPLICATION

PERMIT NO. _____

All applications for a Sign Permit must be accompanied by a sketch of the proposed sign(s), drawn to scale showing the dimensions, height, and design of the sign and sign structure. If any freestanding sign is proposed, a plot plan must be provided showing the location of all existing and proposed freestanding signs on the lot and all adjacent lots.

BUSINESS/OWNER ESTABLISHMENT NAME: _____

PHYSICAL ADDRESS OF PROPOSED SIGN: _____

PHONE: _____ **EMAIL:** _____

PROPERTY OWNERS NAME & ADDRESS: _____

(IF DIFFERENT FROM BUSINESS OWNER) _____

TAX MAP & PARCEL NUMBER: _____ **LOT SIZE (ACRES/SQ.FT.)** _____

CURRENT ZONING: R-1 R-2 R-3 RA RB RPUD POS C-1 C-2 M-1 M-2 CBD CBD-ARTS & CULTURE GB

CURRENT LAND USE: VACANT AGRICULTURAL RESIDENTIAL COMMERCIAL INDUSTRIAL

PERMANENT TEMPORARY FREESTANDING EXISTING REPLACEMENT OTHER _____

NUMBER OF SIGNS: _____ **MULTIPLE SIGNS:** YES NO IF YES, PLEASE LIST ON REVERSE SIDE.

WORDING OF SIGN: _____

USE OF SIGN: COMMERCIAL INDUSTRIAL RESIDENTIAL OTHER _____

TYPE OF SIGN: GROUND POLE WALL PROJECTING BANNER AWNING OTHER _____

SIGN MATERIALS: WOOD PLASTIC METAL NEON CLOTH BRICK MASONRY OTHER _____

WILL SIGN BE ILLUMINATED? YES NO **WILL SIGN BE LANDSCAPED?** YES NO

DIMENSIONS OF THE SIGN: _____ FT. X _____ FT. = **TOTAL AREA OF SIGN (SQ.FT.)*** _____

*If application includes Multiple Signs - please enter total of all signage.

HEIGHT OF SIGN (FT.): _____

FOR FREESTANDING SIGN STRUCTURES ONLY - SETBACK INFORMATION (FT.)

FRONT, FROM THE STREET RIGHT-OF-WAY? _____ **FROM THE RIGHT PROPERTY LINE?** _____

FROM THE PRIMARY BUILDING? _____ **FROM THE LEFT PROPERTY LINE?** _____

FROM THE SIDEWALK/CURB? _____ **FROM THE REAR PROPERTY LINE?** _____

HEIGHT SIGN WILL PROJECT ABOVE GROUND? _____ **SIGN LOCATED IN THE TOWN RIGHT-OF-WAY?** YES NO

EXPECTED PROJECT COMPLETION DATE: _____ **ESTIMATED COST OF THE PROJECT:** _____

MULTIPLE SIGN INFORMATION**LOCATION & WORDING****SIGN DIMENSIONS (FT.)** **SIGN TOTAL AREA (SQ.FT.)**

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

CONTRACTOR INFORMATION

STATE LICENSE No.: _____

SIGN COMPANY/APPLICANT NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PLEASE NOTE: OUT OF TOWN CONTRACTORS WHO EXCEED THE SUM OF \$25,000 IN ANY GIVEN YEAR MUST OBTAIN A BUSINESS LICENSE FROM THE TOWN FINANCE OFFICE PRIOR TO THE START OF THE PROJECT.

I HEARBY CERTIFY THAT I AM ACTING WITH THE KNOWLEDGE AND CONSENT OF THE PROPERTY OWNER AND/OR BUSINESS OWNER TO THE REQUEST DESCRIBED ON THE APPLICATION. BY SIGNING BELOW, I AGREE THE INFORMATION PROVIDED ON THE APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

BUSINESS OWNER/CONTRACTOR SIGNATURE _____ DATE _____

BY SIGNING BELOW, I CERTIFY I AM AWARE OF THE REQUEST SUBMITTED AND THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE.

PROPERTY OWNER SIGNATURE _____ DATE _____

FOR COMMUNITY DEVELOPMENT OFFICE USE ONLYTOWN OF ROCKY MOUNT BUSINESS LICENSE REQUIRED? YES NO BUSINESS LICENSE No.: _____SKETCH OF EACH SIGN ATTACHED? YES NOFEE AMOUNT: _____ WAIVED - ARTS & CULTURE DISTRICTAPPLICATION: APPROVED DENIED

ZONING ADMINISTRATOR SIGNATURE _____ DATE _____