



Planning & Neighborhood Services  
P.O. Box 2430  
Indian Trail, NC 28079  
Telephone 704-821-5401  
Fax 704-821-9045

# SIGN APPLICATION

## Zoning Permit Review

### Submittal Requirements

- Completed Application
- Scaled rendering of sign including dimensions and proposed colors
- Building elevation showing placement of sign on the structure (if wall sign)
- Site plan of proposed location showing distances from rights-of-way, setbacks, etc. (if ground-mounted or free-standing sign)
- \$50 for wall sign, \$100 for freestanding sign
- **A TECHNOLOGY FEE, 10% OF PERMIT FEE, WILL BE APPLIED TO THE TOTAL FEE.**

### General Information

Project Address \_\_\_\_\_

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

Shopping Center \_\_\_\_\_

Tax Parcel ID \_\_\_\_\_ Zoning Designation \_\_\_\_\_

Sign Description \_\_\_\_\_

\_\_\_\_\_

Sign Approximate Value \_\_\_\_\_

Contractors Name \_\_\_\_\_ Phone \_\_\_\_\_

### Contact Information – Applicant/Lessee

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

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

**Contact Information – Property Owner**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

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

**Sign Specifications**

Sign Dimensions \_\_\_\_\_  
(Include dimensions for each proposed sign)

Sign Thickness/Width \_\_\_\_\_  
(Applicable only for wall-mounted signs)

Sign Square Footage \_\_\_\_\_  
(Include square footage for each proposed sign)

Sign Height \_\_\_\_\_  
(as measured from the ground to the top of the sign)

Front Facade Dimensions (building and/or suite) \_\_\_\_\_  
(Applicable only for wall mounted signs)

For Office Use Only:	
Received: _____	Received by: _____
Notes:	
_____	
_____	
_____	