



# CITY OF SALUDA

NORTH CAROLINA

## SIGN PERMIT APPLICATION

Owner/Applicant: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Name of Business or Event: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner/Applicant Address: \_\_\_\_\_ Email address: \_\_\_\_\_

Location or address of sign: \_\_\_\_\_ Zoning District: \_\_\_\_\_

**Check all that apply:**

- Permanent Sign
- Home Occupation Sign
- Business Sign
- Charitable /Non-Profit Organization Event Sign
- Wall Mounted Sign
- Legacy Sign
- Double Faced Sign
- Sandwich Board
- Pole Sign
- Monument Sign
- Off-Premise Sign
- Free Standing Ground Sign
- Awning Sign
- Illuminated Sign
- Vending Machine
- Powered Merchandise Storage
- Notice of repair/remodel (no Fee)

**Supporting Documentation**

- ( ) Sketch or construction drawings and specifications for the sign with dimensions.
- ( ) Location sketch and vicinity map.
- ( ) Site sketch / plan showing property lines, setbacks, building, drives, streets, and major elements.
- ( ) Any additional information pertinent to determine if sign meets the ordinance requirements.
- ( ) The Zoning Administrator may request additional information as necessary.

The applicant agrees to display sign(s) strictly in compliance with the Zoning Ordinance of the City of Saluda, with all other applicable laws, and with the terms of this permit.

Applicant Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Evidence of Property Owner Permission if Off-Premise. \_\_\_Yes \_\_\_No  
Permission is hereby ( ) GRANTED or ( ) DENIED for the display of the above-described sign(s) for the stated period of time, provided that should the sign(s) not conform to the terms of this permit or to the Zoning Ordinance of the City of Saluda, this permit shall immediately become void and may be revoked by the Zoning Administrator.

Zoning Administrator \_\_\_\_\_ Date Issued \_\_\_\_\_