



CITY OF SALUDA

NORTH CAROLINA

SIGN PERMIT APPLICATION

MAYOR
Fred Baisden
CITY MANAGER
Steven Orr
COMMISSIONERS
Mark Oxtoby
Paul C. Marion
Stan Walker
Melanie Talbot

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:

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

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 _____