ALEXANDER COUNTY INSPECTIONS

6125 NC Hwy 16 S Taylorsville, NC 28681 Phone: (828)632-1000 Fax: (828)632-1095

SIGN PERMIT APPLICATION

A) OWNER OR APPLICANT INFORMATION:

Project Name:_____ Tax Map No.:_____

Applicant:_____ Phone No.:_____

Property Owner:_____ Phone No.:_____

B) SIGN DETAILS:

Project Location:_____ Estimated Cost: _____

Type of Sign (check one): ○ Attached ○ Detached ○ Off-Premise

Dimensions: _____ Linear Building Frontage (in feet): _____

Lighted Sign (check one): ○ Yes ○ No Size of Electrical Service: _____ Amps

Power Company (check one): ○Duke Power ○Energy United ○Blue Ridge

C) CONTRACTORS: Please list the contractors who will be working on your project and their license number. Contractors will be required to verify with their CIN before **any** inspections can be made.

General Contractor: _____ License #: _____

Electrical Contractor: _____ License #: _____

I certify that I completely read the application and understand the guidelines as listed above. I, the undersigned, do hereby certify that all information given above is true, complete and accurate to the best of my knowledge. I understand that false information may be grounds for rejection of this application. Authorized representatives of Alexander County are granted right-of-entry to make evaluations or inspections and to release information upon public request. I further understand that failure to abide by certain Stop Work Orders or other statutory requirements are punishable as a Misdemeanor. All permits issued SHALL EXPIRE SIX (6) MONTHS after the date of issuance if work has not commenced. If work stops for a period of twelve (12) months, the permit SHALL EXPIRE. No work shall be performed until a new permit has been secured with applicable fees paid.

_____ _____ _____

Signature of Applicant Print Name Date

-OFFICE USE ONLY BELOW THIS LINE-

Zoning District: _____ Tax Map #: _____ Maximum Size Allowed: _____ Setback: _____

Zoning Permit #: _____ COMMENTS: _____

ZONING APPROVED BY: _____ TITLE: _____ DATE: _____

BUILDING/ELECTRICAL APPROVED BY: _____ TITLE: _____ DATE: _____

Permit Fees: :

Zoning: _____
Building: _____
Electrical: _____
TOTAL: _____
Date Paid: _____
Cash or Ck#: _____
By: _____

Building Permit #: _____