

# 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: \_\_\_\_\_ Parcel ID.: \_\_\_\_\_  
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 call in and verify their license number before **any** inspections are 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: \_\_\_\_\_ Parcel ID #: \_\_\_\_\_ 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 / Ck / CC: \_\_\_\_\_  
By: \_\_\_\_\_

Munis App. # \_\_\_\_\_