P.O. Box 2475, Surf City, NC 28445
Phone (910) 328-4131 Fax (910) 328-4132
www.townofsurfcity.com comdev@townofsurfcity.com

PERMIT #_____

DATE: _____

FEE: _____

SIGN PERMIT

(Please attach drawing of property showing placement of sign, dimensions, and material used and engineering)

SIGN TYPE (check all that apply)

☐ Off Premise ☐ Wall ☐ Ground ☐ Awning ☐ Projection ☐ Other

☐ Lighted ☐ Temporary

SIGN INFORMATION

INFORMATION ON SIGN: _____

ADDRESS: _____

LOCATION OF SIGN
ON PROPERTY: _____

SQ FEET: _____ HEIGHT:_____ STORE OR BUILDING FRONTAGE:_____ (Linear Feet)

SIGN OWNER

NAME: _____PHONE#_____

ADDRESS: _____

EMAIL: _____

CONTRACTOR

NAME: _____PHONE#_____

ADDRESS: _____

EMAIL: _____

SIGNATURES

BY SIGNING I AGREE TO FOLLOW THE GUIDELINES SET FORTH BY THE TOWN OF SURF CITY ZONING AND STATE BUILDING CODES. I ALSO UNDERSTAND THAT I MUST REQUEST AN INSPECTION UPON THE COMPLETE INSTALLATION OF THE SIGN(S).

APPLICANT: _____DATE:_____

STAFF USE ONLY

APPROVED BY: _____DATE:_____