

Property Address: \_\_\_\_\_

County PIN: \_\_\_\_\_ .000

Zoning: \_\_\_\_\_

Use of Property: \_\_\_\_\_

\_\_\_Y\_\_\_N Sign Illuminated ?\*  
\* Specifications and electrical permit required

**Type of Sign Proposed**

**PERMANENT**

- Attached Wall Sign
- Ground (monument)
- Low Profile
- Freestanding
- Interstate
- Off-premises

**TEMPORARY**

- Special Event
- Political
- Portable

**OTHER**

- Repair
- Face Replacement
- Other

For City Zoning Administrator

- Permit Approved
- Permit Denied
- Conditional Permit

Conditions/Additional Requirements:

\_\_\_\_\_  
\_\_\_\_\_

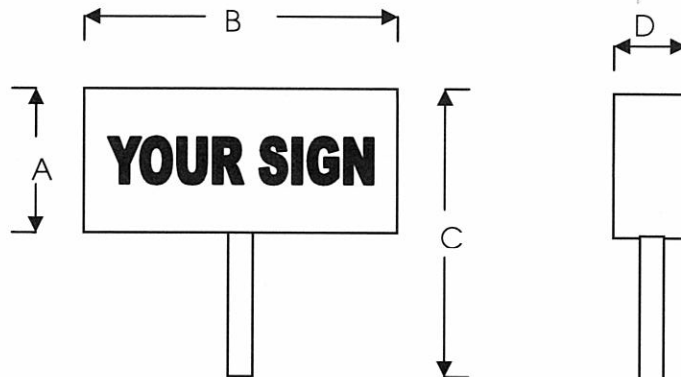
All approvals are based on the information provided in this application, attached specifications and site plans.

**ZONING ADMINISTRATOR**

RECEIPT # \_\_\_\_\_

DATE \_\_\_\_\_

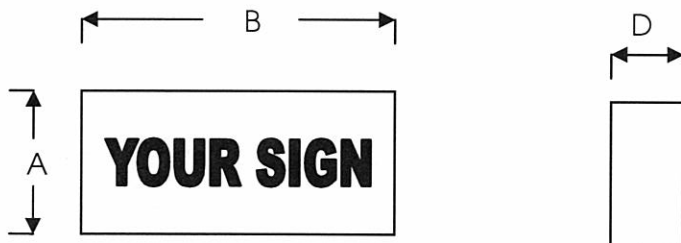
**USE FOR FREESTANDING OR LOW PROFILE SIGN**



A = \_\_\_\_\_ inches/feet      C = \_\_\_\_\_ inches/feet  
B = \_\_\_\_\_ inches/feet      D = \_\_\_\_\_ inches/feet

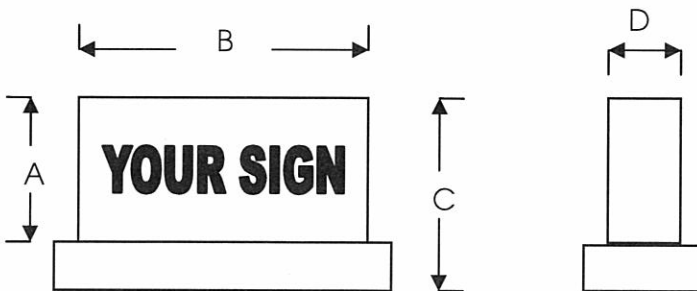
**USE FOR WALL SIGN**

Front building area = Width \_\_\_\_ x Height \_\_\_\_ = \_\_\_\_\_ square feet



A = \_\_\_\_\_ inches/feet  
B = \_\_\_\_\_ inches/feet      D = \_\_\_\_\_ inches/feet

**USE FOR GROUND OR MONUMENT SIGNS**



A = \_\_\_\_\_ inches/feet      C = \_\_\_\_\_ inches/feet  
B = \_\_\_\_\_ inches/feet      D = \_\_\_\_\_ inches/feet

**Existing signs:**

Please attach photographs

	Type	Size:
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

**Property Owner Information:**

Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Owner Daytime Telephone: (\_\_\_\_) \_\_\_\_\_

**Tenant Identification Information:**

Tenant Name: \_\_\_\_\_

Tenant Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Tenant Daytime Telephone: (\_\_\_\_) \_\_\_\_\_

Tenant Cell Telephone: (\_\_\_\_) \_\_\_\_\_

**Contractor Information:**

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Business Daytime Telephone: \_\_\_\_\_

Business Fax Number: \_\_\_\_\_

Business Cell Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Privilege License Number: \_\_\_\_\_

Please attach  
 Pictures, drawings and specifications  
 including face type (wood, vinyl, or metal),  
 size of lettering, type of lettering (painted,  
 molded, vinyl), exact text wording and any  
 logo, picture or illustration.

**Signs which require electrical wiring or footings in addition to a site plan:**

PLEASE SPECIFY WHICH OF THE FOLLOWING PERMITS YOU WILL NEED:

- FOOTING
- ELECTRICAL

Any sign which is taller than six (6) feet above grade shall require engineering documents sealed by a design professional to withstand a 100mph wind load.

\*If your sign will be illuminated, please fill out the attached electrical permit application. We MUST have this information in order to process the application.

**Certification**

I hereby certify that all information in this application and attached to this application is correct and complete. I certify that all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. I certify that that all construction will conform to the plans and specifications submitted and as approved by the City. I understand and agreed that any changes to the approved plans and specifications must be submitted and approved by the City prior to commencement of construction of such changes.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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# CITY OF DUNN

Building Inspections Department

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POST OFFICE BOX 1065 ~ DUNN ~ NORTH CAROLINA 28335  
(910) 230-3505 Chief Inspector ~ (910) 230-3504 Building Code Enforcement

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## **APPLICATION FOR ELECTRICAL & FOOTING PERMIT FOR SIGNS**

Inside City Limits  Outside City Limits

### **Please note: 1) Application must be completely filled out**

Location of Site (Street Address): \_\_\_\_\_

Lot #: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Phase/Section: \_\_\_\_\_ Flood Zone: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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### **General Contractor:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

N.C. State License #: \_\_\_\_\_ Privilege License #: \_\_\_\_\_

Expiration of Workers Compensation Insurance: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

General Contractor Signature: \_\_\_\_\_

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### **Electrical Contractor:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

N.C. State License #: \_\_\_\_\_ Privilege License #: \_\_\_\_\_

Expiration of Workers Compensation Insurance: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Electrical Contractor Signature: \_\_\_\_\_

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### **Construction Cost**

Electrical: \$ \_\_\_\_\_ (Estimated cost of job)

### **Characteristics**

Type of Improvement: (Description of work being done)

1). Change Out: \_\_\_\_\_

2). Change of Contractor: \_\_\_\_\_

3). Other: \_\_\_\_\_

Applicant  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Inspector  
Signature \_\_\_\_\_ Date \_\_\_\_\_

All contractors must obtain a city privilege license and be noted before inspection department will accept application.

**If work is done by an Electrical Contractor,  
they must be licensed by the State of North Carolina.**