

# COMMERCIAL SIGN PERMIT APPLICATION

Town of Leland, North Carolina



102 Town Hall Dr., Leland, NC 28451  
www.townofleland.com

Economic & Community Development  
Phone 910-371-3390 Fax 910-371-1073

**Sign Type:**  Building  Electric  Monument

**Location:** Block # \_\_\_\_\_ Lot # \_\_\_\_\_ Section \_\_\_\_\_ Tax Parcel \_\_\_\_\_

Address of property \_\_\_\_\_

Business Name \_\_\_\_\_

Property Owner \_\_\_\_\_ PH:# \_\_\_\_\_

Email \_\_\_\_\_

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

Name of Contractor/Agent \_\_\_\_\_ Contractors Lic# \_\_\_\_\_

Phone:# \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # # \_\_\_\_\_

Email \_\_\_\_\_

Contractor/Agent Address \_\_\_\_\_

Description of work applying for: \_\_\_\_\_

Name of Electrical Contractor \_\_\_\_\_ Contractors Lic# \_\_\_\_\_

Phone:# \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # # \_\_\_\_\_

Email \_\_\_\_\_

Contractor/Agent Address \_\_\_\_\_

**Applicable attachments must be provided with applications.**

- **Two sets of complete paper plans and one set of electronic plans (.PDF).**

Construction Cost \$ \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

**AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE**  
**N.C.G.S. § 87-14**

The undersigned applicant for Building Permit being the

Contractor                       Owner                       Officer/Agent of the Contractor or Owner

do hereby agree under penalties of perjury that the person(s), firm(s), or corporation(s) performing the work set forth in the permit:

\_\_\_\_ has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,

\_\_\_\_ has/have one or more subcontractor(s) and has/have their own policy of workmen's compensation covering themselves,

\_\_\_\_ has/have not more than two (2) employees and no subcontractors,

While working on the project for which this permit is sought, it is understood that the Inspection Department issuing the permit may require certificates of coverage of workers' compensation insurance prior to issuance of the permit. As well as at any time during the permitted work from any person, firm or corporation carrying out the work.

Date: \_\_\_\_\_ Firm Name: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_