

# SIGN APPLICATION



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

Planning and Inspections Department  
Phone 910-371-3390 Fax 910-371-1190

FEEs (one application and review fee per sign):

|  |        |
|--|--------|
| On Premises Ground/Wall Sign                       | \$75   |
| Temporary Banner/Sign                              | \$50   |
| Temporary Off-premise Directional Real Estate Sign | \$300  |
| Building and Trade Permits                         | Varies |

## Applicant/Sign Contractor's Information

Applicant/Contractor Name: \_\_\_\_\_ Agent Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

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 \_\_\_\_\_

## Property Information

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

Parcel #: \_\_\_\_\_ Zoning District: \_\_\_\_\_

**Proposed Sign Information**

Sign Location: \_\_\_\_\_ Overall Size of Sign (Ft<sup>2</sup>): \_\_\_\_\_

Type of Illumination:  Indirect  Internal  Other  No Illumination  
Banner’s Display Dates (30 Days) \_\_\_\_\_

Height of the wall that the sign is attached to: \_\_\_\_\_ ft.

Width of the wall that the sign is attached to: \_\_\_\_\_

(In the case of a multi-tenant development, indicate the width of the leasable space for the individual business)

Construction Cost \$ \_\_\_\_\_

**Certification**

I certify that I am authorized to make this application, that the information provided is correct to the best of my knowledge, that I am authorized to grant, and do grant, permission to the local zoning official and local building official to enter on the property described above for the purpose of inspections. I understand that if this application is approved, failure to meet any conditions of the approval shall result in the revocation of zoning approval. Further, any signs that are currently on the property are in conformance with the provisions of the Town’s ordinance Article XI. – Signs or will be removed or modified with proper permitting, prior to installation of any additional approved signs. Also, I take responsibility to remove a temporary sign at the end of the 30th day.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Applicant’s Printed Name

\_\_\_\_\_  
Date

**Required Information**

- A scaled drawing showing the design of the sign, including dimensions, method of attachment or support and source of illumination. Include colors that will be used in the lettering, background and foreground of the sign.
- For wall, temporary banner, canopy or projected signs, show the location of the sign on the building or structure to which it is proposed to be installed.
- For ground signs, a scaled site plan indicating the distances of the sign relative to the property lines, easements, buildings, streets and other signs (on and off-premise of the subject property). Also include the required base landscaping around the ground sign per Section 30-391 (5).
- For temporary off-premise directional real estate sign, the sign plan must include all the provisions listed per Section 30-394(c).
- Building plans (for signs that require building or trade permits) - two complete sets of paper plans and one set of electronic plans (.PDF).

**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: \_\_\_\_\_