

SIGN APPLICATION



Planning and Inspections Department
Phone 910-371-3754 Fax 910-371-1158
102 Town Hall Drive, Leland, NC 28451
www.townofleland.com

PLAN NUMBER: _____

PERMIT NUMBER: _____

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

Contractor Name: _____ Agent Name: _____ Contractors Lic #: _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone Number: _____ Cell Number: _____ Email: _____

Additional Contractors

Contractor Name: _____ Agent Name: _____ Contractors Lic #: _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone Number: _____ Cell Number: _____ Email: _____

Electrical Contractor

Contractor Name: _____ Agent Name: _____ Contractors Lic #: _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone Number: _____ Cell Number: _____ Email: _____

Project Details

Description of work applying for: _____

Property Information

Property Address: _____ City _____ State _____ Zip _____

Parcel #: _____ Zoning District: _____

**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: _____