



TOWN OF MONTREAT

ZONING AND INSPECTIONS DEPARTMENT

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SIGN PERMIT APPLICATION

Applicant Name: _____ Date: _____

Name of Business/Group/Organization: _____

City: _____ State: _____ ZIP: _____

Applicant's Phone: _____ E-mail: _____

Type of Sign Requested: _____

Illuminated? Yes No If "Yes," Electrical Permit #: _____ Issue Date: _____

Description of Proposed Sign Location: _____

PLEASE DRAW A SIMPLE SKETCH BELOW (OR ATTACH GRAPHIC DESIGN) SHOWING LAYOUT OF COPY AND SIZE, INCLUDING BORDER AND HEIGHT.

[CONTINUED ON FOLLOWING PAGE]

PLEASE DRAW A SIMPLE SKETCH BELOW (OR ATTACH A COPY OF DRAWING/SURVEY/GIS IMAGE, ETC.) SHOWING PROPOSED SIGN LOCATION, SETBACKS AND LOCATION OF ROADS AND BUILDINGS

Applicant Signature

Date

FOR OFFICE USE ONLY

Permit Fee: \$ _____ Cash: \$ _____ Check #: _____ Date Paid: _____

(PERMIT APPROVAL DATE)

ZONING OFFICIAL SIGNATURE