



TOWN OF MONTREAT

ZONING AND INSPECTIONS DEPARTMENT
P. O. Box 423
Montreat, NC 28757
Tel: (828) 669-8002, ext. 3030
www.townofmontreat.org

SIGN PERMIT - APPLICATION

Project Address(s): _____

Parcel Identifier Number(s) (PIN #): _____

Zoning District(s): _____

Organization/Applicant/Owner Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Owner Phone: _____ E-mail: _____

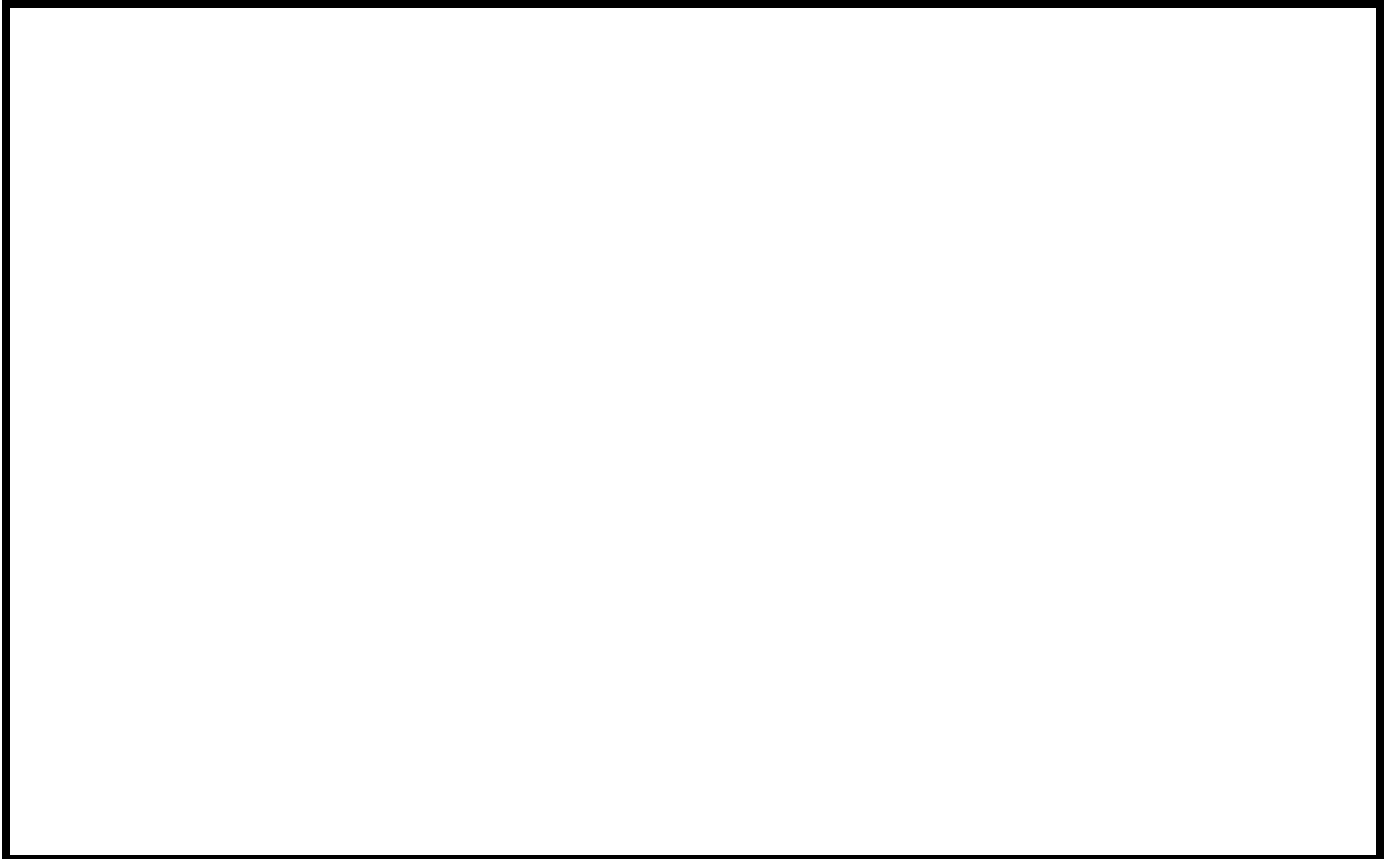
Type of Sign Requested (cite Zoning Ord. section, eg. Sec. 1005.26): _____

Illuminated sign? 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.

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's Acknowledgement

I, _____, hereby certify that all of the information set forth above is true and accurate to the best of my knowledge.

Date: _____ Applicant's Signature: _____

Applicant's Name (PLEASE PRINT): _____

FOR OFFICE USE ONLY

Approved Denied

Date: _____ Zoning Administrator's Signature: _____

Zoning Administrator's Name (PLEASE PRINT): _____

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