



**TOWN OF BURNSVILLE
BUILDING INSPECTIONS DEPARTMENT
2 Town Square
PO Box 97, Burnsville NC 28714
(828) 682 2420**

*** Completed application, checklist, site plan, elevation drawings and fees are required at the time of submittal; failure to provide this information will delay the processing of this application ***

SITE LOCATION & DESCRIPTION

Site Address: _____ PIN #: _____

APPLICANT / OWNERSHIP INFORMATION

Applicant Name(s): _____ Email: _____

Mailing Address/State/Zip: _____

Phone: _____ Cell Phone: _____ FAX: _____

Business Name: _____ Privilege License #: _____

Property Owner's Name & Address: _____
(if different from applicant)

Phone: _____ Cell Phone: _____ FAX: _____
Email: _____

Contractor Name: _____ Phone: _____

Mailing Address/State/Zip: _____ Privilege License: _____

| | | |
|--------------------------------------|--|---------------------------------------|
| SIGN TYPE | <input type="checkbox"/> PERMANENT | <input type="checkbox"/> TEMPORARY |
| <input type="checkbox"/> Balloon | <input type="checkbox"/> Canopy/Awning | <input type="checkbox"/> Freestanding |
| <input type="checkbox"/> Banner | <input type="checkbox"/> Changeable Copy | <input type="checkbox"/> Ground |
| <input type="checkbox"/> Banner-wind | <input type="checkbox"/> Community ID | <input type="checkbox"/> Marquee |
| <input type="checkbox"/> Projecting | <input type="checkbox"/> Suspended/Transom | <input type="checkbox"/> Window |
| <input type="checkbox"/> Off-Premise | <input type="checkbox"/> Time/Date | <input type="checkbox"/> Parapet |
| <input type="checkbox"/> Subdivision | <input type="checkbox"/> Wall | <input type="checkbox"/> Other |

Existing freestanding sign on the property? Yes No Describe: _____

PROPOSED WORK (check all that apply)

| | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> New Sign Installation | <input type="checkbox"/> Replace Existing Sign | <input type="checkbox"/> Off-Premise | <input type="checkbox"/> Single-Face |
| <input type="checkbox"/> Additional New Sign | <input type="checkbox"/> Face Change Only | <input type="checkbox"/> Relocate Existing Sign | <input type="checkbox"/> Double-Face |
| <input type="checkbox"/> Alter Existing Sign | <input type="checkbox"/> Mural, Graphic | <input type="checkbox"/> Other | <input type="checkbox"/> Multi-Face |

Description of Work: _____

ILLUMINATION TYPE (check one, electrical permit required for illuminated signs)

| | | |
|--|---|---|
| <input type="checkbox"/> Non-Illuminated | <input type="checkbox"/> Illuminated-External Light | <input type="checkbox"/> Illuminated-Internal Light |
|--|---|---|

Electrician and license # _____

SIGN DESCRIPTION

| | | | | | | | |
|--|----|--|----|--|----|--|----|
| If Temporary, dates to be displayed: | | Beginning: | | Ending: | | | |
| Total Project Cost (Perm. Sign Only) | | \$ | | | | | |
| SIGN 1 | | SIGN 2 | | SIGN 3 | | SIGN 4 | |
| Sign Type | | Sign Type | | Sign Type | | Sign Type | |
| # of Faces | | # of Faces | | # of Faces | | # of Faces | |
| Horizontal Dimension | ft |
| Vertical Dimension | ft |
| Total Square Footage | sf |
| Store Frontage (for Multi-Tenant attached units) | ft | Store Frontage (for Multi-Tenant attached units) | ft | Store Frontage (for Multi-Tenant attached units) | ft | Store Frontage (for Multi-Tenant attached units) | ft |
| Total Height above Grade | ft |
| Setback or Projection (if required) | ft |

All permanent signs require a drawing showing the location of the sign on the lot in relation to property lines, existing signs, structures and also show complete structural specifications of the sign.

If you are not the business or property owner, you must have a valid City Privilege License to install a sign.

Approval of a Permanent or Temporary Sign Permit is valid for the use as submitted. Any changes to the use, structure, or sign will invalidate this approval.

STATEMENT OF CONFORMITY: As undersigned or authorized agent of the owner, I am applying for all construction specialty permits required to construct the project as described in this application. I agree to do the described work according to the attached plans and specifications and understand that the work is to be done in accordance with the Ordinances of the City of Burnsville and State of North Carolina laws. By signing this permit application, I hereby affirm that the information provided in this application is correct and complete.

Signature: _____ Date: _____

| | |
|------------------|------------------------|
| Date Received: | Application Completed: |
| Zoning District: | |
| Permit Issued: | Date Issued: |
| Permit # | Fee: |