



***Town of Forest City***  
***Building & Zoning Department***  
*PO Box 728*  
*128 North Powell Street*  
*Forest City, NC 28043*  
*Phone (828) 248-5201, Fax (828) 245-6143*

## **SIGN PERMIT APPLICATION**

In order for the Town of Forest City to issue a ***Sign Permit***, the following information will be required. The Inspection department may request more information or detail if needed. Upon receipt of this information, a review will be conducted before the application can be approved.

1. Zoning Approval
2. Completed Sign Permit Application
3. Sign Detail
4. Site Plan

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### **Permit Fees**

**\$2.50 per thousand with \$50.00 minimum**

Sign	\$50.00
Electrical	\$50.00

### **Utility Connections (if required)**

#### **Electric**

Permanent	\$30.00
Underground	\$30.00

### **Types of Inspections**

Upon notification from the permit holder or his agent, the building official shall make or cause to be made any necessary inspections and shall either approve that portion of the construction as completed or shall notify the permit holder or his agent wherein the same fails to comply with this code. Plans and specifications are to be used as a guide, but the written code text shall prevail.

1. **Footing inspection.** To be made before any concrete is placed and after all reinforcing steel, supports and forms are in place and appropriately tied.
2. **Set Back.** From property lines and street Right-of-Ways.
3. **Rough-in inspection.** To be made prior to any concealment of electrical system or structural framing.
4. **Other inspections.** In addition to the called inspections above the inspection department may make or require any other inspections to ascertain compliance with this code and other laws enforced by the inspection department.



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## Building & Zoning Department

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### SIGN PERMIT APPLICATION

Permit # \_\_\_\_\_ Application Date: \_\_\_\_\_ Issuance Date: \_\_\_\_\_ Zoning: \_\_\_\_\_

#### THIS SECTION TO BE FILLED OUT BY APPLICANT

**PLEASE PRINT**

Applicant: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #(\_\_\_\_\_) \_\_\_\_\_

Owner: \_\_\_\_\_ Phone #(\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Project Address: \_\_\_\_\_ Map/Block/Lot \_\_\_\_\_

Description: \_\_\_\_\_

Dimensions of Building: Width \_\_\_\_\_ Length \_\_\_\_\_ Height \_\_\_\_\_ Building Area \_\_\_\_\_

*(Square Footage of Signage is based on Side of Building Facing Street)*

Estimated Cost of Sign(s): \$ \_\_\_\_\_

Number of Wall Mounted Sign(s): \_\_\_\_\_ Total Square Footage of Wall Mounted Sign(s): \_\_\_\_\_

Number of Free Standing Sign(s): \_\_\_\_\_ Total Square Footage of Free Standing Sign(s): \_\_\_\_\_

Height of Free Standing Sign(s): \_\_\_\_\_ **Total Square Feet of Signage:** \_\_\_\_\_

Type of Illumination: Internally Lighted: \_\_\_\_ Externally Lighted: \_\_\_\_ Back Lighted: \_\_\_\_

Conditions/Remarks: \_\_\_\_\_

Contractor(s)	Name	License #	Phone #	Contact Person
Sign Contractor	_____	_____	(____) _____	_____
Electrical	_____	_____	(____) _____	_____
Other	_____	_____	(____) _____	_____

**Permission to enter Land**

I furthermore certify that all information provided is correct and that I am authorized to grant and do in fact, grant permission to the local zoning officer and local building inspector and his agents, to enter on the property noted on the Forest City permit(s) for the purpose of this inspection.

This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of landowner or person authorized to act as his/her agent.

**PERMIT FEES**

Sign \$ \_\_\_\_\_

Electrical \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

**APPROVAL**

Zoning Official \_\_\_\_\_ Date: \_\_\_\_\_

Building Official \_\_\_\_\_ Date: \_\_\_\_\_



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**SITE PLAN**

Permit No. \_\_\_\_\_ Address: \_\_\_\_\_ Application Date: \_\_\_\_\_

Zoning: \_\_\_\_\_ Setback Requirements: Front: \_\_\_\_\_ Side: \_\_\_\_\_ Rear: \_\_\_\_\_

Notes:

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*I hereby certify that all information pertaining to this application is correct and accurate.*  
*I understand that I must notify the Inspection Department of any changes or deviations from this application.*

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_