

DATE: _____

PERMIT # _____

Town of Mars Hill
APPLICATION FOR SIGN PERMITS
Post Office Box 368
Mars Hill, North Carolina 28754
(828) 689-2301

LOCATION:
 STREET: _____
 PIN # _____
 ZONING DISTRICT: _____

OWNER: _____
ADDRESS: _____

PHONE: () _____ **FAX:** () _____

CONTRACTOR: _____
ADDRESS: _____

PHONE: () _____ **FAX:** () _____

TYPE OF SIGN: _____ FREESTANDING _____ GROUND _____ WALL _____ PROJECTING _____ AWNING
 _____ CANOPY _____ WINDOW _____ TEMPORARY
 _____ SUBDIVISION/HOUSING DEVELOPMENT
 _____ NAMEPLATE (Home Occupation)
 _____ OTHER

PERMIT FEE: \$ _____ **CONTRACTOR'S CITY PRIVILEGE LICENSE #** _____

TENANCY: _____ SINGLE TENANT _____ MULTI-TENANT DEVELOPMENT ID _____ MULTI-TENANT JOINT ID

Show dimensions of sign, wording, relationship to building, property lines, etc. (Use this space or attach separate drawings.)

If a sign permit is granted _____ agree to conform to all Town ordinances and the laws of the State of North Carolina regulating such work and the specifications and/or plans submitted. _____ hereby affirm that the foregoing statements are accurate and true to the best of my understanding and knowledge.

SIGNATURE OF APPLICANT: _____
ADDRESS: _____
TELEPHONE: _____

Approved by: _____

Date: _____