

ALEXANDER COUNTY INSPECTIONS

6125 NC Hwy 16 S Taylorsville, NC 28681 Phone: (828)632-1000 Fax: (828)632-1095

SIGN PERMIT APPLICATION

A) OWNER OR APPLICANT INFORMATION:

Project Name: _____ Tax Map No.: _____
Applicant: _____ Phone No.: _____
Property Owner: _____ Phone No.: _____

B) SIGN DETAILS:

Project Location: _____ Estimated Cost: _____
Type of Sign (check one): Attached Detached Off-Premise
Dimensions: _____ Linear Building Frontage (in feet): _____
Lighted Sign (check one): Yes No Size of Electrical Service: _____ Amps
Power Company (check one): Duke Power Energy United Blue Ridge

C) CONTRACTORS: please list the contractors who will be working on your project and their license number. Contractors will be required to verify with their CIN before **any** inspections can be made.

General Contractor: _____ License #: _____
Electrical Contractor: _____ License #: _____

I certify that I completely read the application and understand the guidelines as listed above. I, the undersigned, do hereby certify that all information given above is true, complete and accurate to the best of my knowledge. I understand that false information may be grounds for rejection of this application. Authorized representatives of Alexander County are granted right-of-entry to make evaluations or inspections and to release information upon public request. I further understand that failure to abide by certain Stop Work Orders or other statutory requirements are punishable as a Misdemeanor. All permits issued SHALL EXPIRE SIX (6) MONTHS after the date of issuance if work has not commenced. If work stops for a period of twelve (12) months, the permit SHALL EXPIRE. No work shall be performed until a new permit has been secured with applicable fees paid.

Signature of Applicant

Date

-OFFICE USE ONLY BELOW THIS LINE-

Zoning District: _____ Tax Map #: _____ Maximum Size Allowed: _____ Setback: _____

Zoning Permit #: _____ COMMENTS: _____

ZONING APPROVED BY: _____ TITLE: _____ DATE: _____

BUILDING/ELECTRICAL APPROVED BY: _____ TITLE: _____ DATE: _____

Permit Fees:

CIN Verifications:

Zoning: _____
Building: _____
Electrical: _____
TOTAL: _____
Date Paid: _____
Cash of Ck#: _____
By: _____

Electrical: _____
Date: _____ By: _____
General: _____
Date: _____ By: _____

Building Permit #: _____