

Town of Fairview

7400 Concord Highway Monroe NC 28110

SIGN PERMIT APPLICATION FORM

FEE: \$50

Permit # _____ Date of Application _____

Applicant's Name: _____

Applicant's Mailing Address: _____

Phone: _____ Email: _____

Property Location: _____

Existing Zoning: _____

Lot Dimensions

Length _____ Width _____

Area _____ Street Frontage _____

Existing Signage _____

(Complete for Each Type of Sign Requested)

	Attached Sign		Freestanding Sign		Ground Sign		
	Required	Proposed	Required	Proposed	Required	Proposed	
Setback from R/W	_____	_____	_____	_____	_____	_____	
Distance from right lot line	_____	_____	_____	_____	_____	_____	Distance
from left lot line	_____	_____	_____	_____	_____	_____	Area of
Sign (one side sq. ft.)	_____	_____	_____	_____	_____	_____	Height of
sign (to bottom)	_____	_____	_____	_____	_____	_____	

	Attached Sign		Freestanding Sign		Ground Sign		Height of
	Required	Proposed	Required	Proposed	Required	Proposed	
Height of sign (to Top) existing bldg.	_____	_____	_____	_____	_____	_____	_____

Type of lighting _____

Comments:

Permit Fee: Attach a Check Made Payable to the *Town of Fairview* in the amount of **\$50**.

Attach the following:

- 1) For free standing and ground signs, a copy of a scaled dimensional survey showing all property lines, right-of-way lines, and the exact shape and dimensions of the lot on which the sign is to be located. On this survey the applicant shall sketch the proposed location of the sign. Alternatively, the applicant may draw a sketch with the above information and sign the sketch.
- 2) A message side elevation drawing of the sign showing height from the ground to the bottom and top of sign, dimensions of sign, and support structure.

Send completed application and check to:

Town of Fairview
7400 Concord Highway
Monroe NC 28110

I hereby certify that all of the information provided for this application and all attachments is true and correct to the best of my knowledge. I further certify that I am familiar with all the requirements of the Land Use Ordinance concerning this proposed use. Any violation of the Land Use Ordinance will be grounds for revoking this permit and any subsequent permit issued the Town of Fairview.

APPLICANT SIGNATURE

DATE



(This Portion of the Application Shall be Filled Out by the Land Use Administrator)

Based on the information hereby furnished to me and my knowledge of the Town of Fairview Land Use Ordinance, I hereby **Approve** _____ **Disapprove** _____ this zoning Permit.

Land Use Administrator

Date