

**SIGN PERMIT APPLICATION**  
**CITY OF GAFFNEY**  
(864) 487-8500

- 1) NAME OF APPLICANT \_\_\_\_\_
- 2) APPLICANT'S MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_
- 3) APPLICANT'S PHONE # \_\_\_\_\_
- 4) REPRESENTATIVE OF APPLICANT \_\_\_\_\_
- 5) REPRESENTATIVE'S MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_
- 6) REPRESENTATIVE'S PHONE # \_\_\_\_\_
- 7) STREET ADDRESS OF SUBJECT PROPERTY \_\_\_\_\_
- 8) NEARBY REFERENCE POINTS TO PROPERTY \_\_\_\_\_
- 9) SUBJECT PROPERTY'S TAX ID # \_\_\_\_\_
- 10) ZONING DISTRICT \_\_\_\_\_

Is this tract/parcel or development restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this application?  YES  NO

Submit a site plan showing the location, size, height, illumination and materials to be used and any other information deemed necessary by the Community Development Department.

I hereby authorize the person listed in item 4 above to represent me in any and all actions pertaining to this application.

The undersigned does hereby verify that they are the applicant thereof and accepts responsibility for accuracy and gives the City of Gaffney permission to obtain whatever information is necessary to review this application.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**FOR OFFICE USE ONLY**

DATE APPLICATION SUBMITTED \_\_\_\_\_ REC'D BY \_\_\_\_\_

DATE APPLICATION COMPLETED \_\_\_\_\_ REVIEWED BY \_\_\_\_\_

DATE OF COMP'D REVIEW \_\_\_\_\_ STATUS OF REVIEW \_\_\_\_\_

FEE: **\$25.00** FOR SIGNS UNDER 10 FEET IN HEIGHT PAID \_\_\_\_\_