

**NON-PROFIT ORGANIZATION 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 _____