

**SIGN PERMIT APPLICATION**

- 1) APPLICANT NAME: \_\_\_\_\_
- 2) APPLICANT MAILING ADDRESS: \_\_\_\_\_
- 3) APPLICANT PHONE #: \_\_\_\_\_
- 4) PROPERTY OWNER NAME: \_\_\_\_\_
- 5) PROPERTY OWNER MAILING ADDRESS: \_\_\_\_\_
- 6) PROPERTY OWNER PHONE #: \_\_\_\_\_
- 7) BUSINESS OPERATOR NAME: \_\_\_\_\_
- 8) BUSINESS OPERATOR MAILING ADDRESS: \_\_\_\_\_
- 9) BUSINESS OPERATOR PHONE #: \_\_\_\_\_
- 10) STREET ADDRESS OF SUBJECT PROPERTY \_\_\_\_\_
- 11) SIGN INSTALLER NAME: \_\_\_\_\_
- 12) SIGN INSTALLER PHONE#: \_\_\_\_\_

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 with dimensions (non-professionally drafted plan is acceptable as long as it is to scale) showing the location of the sign with respect to the property and right-of-way lines, building and setback lines, and buildings, parking areas, existing free-standing signs, and bufferyards. Include the correct size, shape, configuration, face area, height, nature, number, type of sign, and method of installation & mounting for each sign, including the size of letters and graphics. Also include the value of the sign and sign structure.**

**THE ENTITY PERFORMING THE SIGN INSTALLATION/MODIFICATION MUST OBTAIN A CITY OF GAFFNEY BUSINESS LICENSE. Please provide a copy of this application, once approved, to that entity.**

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

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**The undersigned verifies that he/she is the property owner thereof and as such is responsible for compliance with the City of Gaffney Zoning Ordinance. The undersigned property owner also accepts responsibility for accuracy and gives the applicant permission to submit this application to City of Gaffney for review.**

\_\_\_\_\_  
PROPERTY OWNER SIGNATURE

\_\_\_\_\_  
DATE

SIGN PERMIT APPLICATION

FOR OFFICE USE ONLY

DATE SUBMITTED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

PROPERTY TAX ID \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_

DATE REVIEW COMPLETED \_\_\_\_\_ REVIEW STATUS \_\_\_\_\_

REVIEWED BY \_\_\_\_\_

SIGN TYPE \_\_\_\_\_

PERMIT VALID FROM \_\_\_\_\_ TO \_\_\_\_\_

FEE PER SIGN \_\_\_\_\_ TOTAL # SIGNS \_\_\_\_\_

TOTAL FEE \_\_\_\_\_

DATE FEE PAID \_\_\_\_\_ PAYMENT METHOD \_\_\_\_\_

BOND/DEPOSIT FEE \_\_\_\_\_ DATE PAID \_\_\_\_\_ PAYMENT METHOD \_\_\_\_\_

DATE BOND/DEPOSIT RETURNED \_\_\_\_\_