



**APPLICATION FOR SIGN PERMIT**

Date: \_\_\_\_\_

Plan No.: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_ Tax Map#: \_\_\_\_\_

Project Coordinator Name, Address, Phone, Fax \_\_\_\_\_

Application for: \_\_\_\_\_ Freestanding Sign \_\_\_\_\_ Wall Sign(s)

Property Owner (where sign is to be erected): \_\_\_\_\_

Name of Owner of the sign: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Sign Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Estimated Total Cost of Sign(s): \_\_\_\_\_

MONUMENT SIGN (One per parcel):

WALL SIGNS:

Sign Height (ft): \_\_\_\_\_

Area of Sign(s): \_\_\_\_\_

Sign Area (sq/ft): \_\_\_\_\_

Width of Building: \_\_\_\_\_

Distance From Nearest Property Line/  
Right-of-Way (ft): \_\_\_\_\_

No. of Stories: \_\_\_\_\_

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Please provide the following information with your application:

1. Two scaled drawings of the plans and specifications of sign to be erected or affixed. The plans will include, but will not be limited to, details of dimensions, message, materials, and size of the proposed sign. For wall signs, dimensions of the building wall on which the sign is to be affixed and location and size of existing wall signs will also be included.
2. Site plan showing dimensions of lot, location of all power lines, driveways, buildings and sign with distance to property lines.
3. If Property owner is not the same as the owner of the sign, then a notarized letter from property owner stating approval for sign placement is required.
4. Other information as zoning administrator may require to determine compliance with this and other applicable codes.

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The undersigned hereby makes application for a permit for the installation of the sign(s) described herein, and agrees to conform to all applicable laws of York County and the State of SC regulating the same. This is an application for a permit and does not constitute authorization for the work described. The permit for work will be based upon approval of this application by the Zoning Administrator and Building Official.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please send application to Development Coordinating Center, 1070 Heckle Blvd, Rock Hill, SC 29732. Phone: (803) 909-7236  
Fax (803) 909-7478

\*\*\*\*\* PLEASE ALLOW (10) WORKING DAYS FOR PROCESSING \*\*\*\*\*