

CITY OF
WINSTON-SALEM INSPECTION DIVISION
APPLICATION FOR SIGN PERMIT

Office Use Only:

Date: _____ A.P. # _____ Dept of Commerce # _____ City _____ County _____

Map Page _____ CT # _____ Zoning _____ Block # _____ Lot # _____; _____; _____

Locater Street _____ Between _____ and _____

Applicant Information: all related fields must be filled in

Address of Job: _____ Project Name: _____

Property Owner's Name: _____

Property Owner's Address: _____

Property Owner's Phone # (_____) _____ Fax # (_____) _____

Sign Contractor I.D. # _____ General Contractor License # _____ Privilege License # _____

Sign Contractor's Name: _____

Sign Contractor's Address: _____

Sign Contractor's Phone # (_____) _____ Sign Contractor's Fax # (_____) _____

With each sign submittal **two sets of plans are required; three are appreciated**. Each type of sign needs a separate application and a separate set of plans. (Example: one wall sign and one ground sign at the same site requires two separate applications and two separate sets of sign plans.)

Description of sign work:

Please check the sign type this application coordinates with and how many of each sign:

Ground/Monument (on premises-freestanding, less than 6' in height) _____ Projecting _____

Ground/Monument (on premises-freestanding, over 6' in height) _____ Attached/Wall _____

Cost(s) of project:

electrical cost (if applicable): \$ _____ total project cost: \$ _____

sign cost: \$ _____

Name of Contact: _____ Phone # (_____) _____

Fax # (_____) _____ Email Address: _____

The applicant hereby certifies and agrees as follows: 1) That he/she has read the above information and it is true and correct; 2) If any information supplied by applicant is incorrect or missing, the permit review time will be delayed.

******The contact person will be notified once the plan review is completed and the permit is ready for permitting.******

Signature of Owner / Agent / Contractor: _____ Date: _____