



PLANNING DEPARTMENT

900 Seventh Avenue  
Garner, NC 27529  
919.773.4449  
www.garnernc.gov

# - SIGN PERMIT-

Please refer to Article 12 of the Town of Garner UDO.  
If applying for multiple signs, each requires its own permit.  
**Note: Application must be complete and Application fee must be paid at time of submittal . See Fee Schedule for Application fee.**

### OFFICE USE ONLY

Application Number: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt: \_\_\_\_\_

Applicant: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### SIGN FEATURES:

(Choose one in each column)

Freestanding

Illuminated

Single-faced

Wall

Non-Illuminated

Double-faced

### WALL SIGN:

This application must be accompanied by the following:

1. A scale, color drawing of the sign face, providing all dimensions, method of support/attachment, type of materials.
2. A drawing of the building showing the location of the sign and its relationship to roof lines and overhangs.

Total square footage of building frontage: Linear Feet \_\_\_\_\_ X Height \_\_\_\_\_ = Total \_\_\_\_\_

Total square footage of all existing signage: \_\_\_\_\_ Area of proposed signage: \_\_\_\_\_

### FREESTANDING SIGN:

This application must be accompanied by the following:

1. A scale, color drawing of the sign face, providing all dimensions, method (in detail) of construction and type of material.
2. A plot plan to scale showing sign location and distance from the street right-of-way,
3. A sketch of the plant bed with name, quantity, and spacing of plants, except for those with a brick or masonry monument base.
4. FREESTANDING SIGNS REQUIRE AN ENGINEERING SEAL IN ORDER TO ASSURE THE SIGN CAN WITHSTAND 100MPH WINDS.

Height (ground to top): \_\_\_\_\_ Total square footage of sign: \_\_\_\_\_

Total square footage of landscape area (must be 1/2 the height x width of the total sign): \_\_\_\_\_

### APPROVALS:

#### Inspections Department

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

#### Planning Department

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_