PERMIT # _____

_____

Town of Central DATE ISSUED

PLANNING & CODES ADMINISTRATION
1067 W. Main St • Central, SC, 29630
Phone (864) 639-6381 • Fax (864) 639-1252 • www.cityofcentral.org

SIGN PERMIT APPLICATION

JOB ADDRESS	TO BE COMPLETED BY APPLICANT		
PARCEL NUMBER			
OWNER	MAILING ADDRESS	ZIP	PHONE
CONTRACTOR	MAILING ADDRESS	PHONE	BUSINESS LICENSE #
PROPOSED USE: FREE STANDING SIGN	BUILDING MOUNTED SIGN	u TEMPORARY SIGN	U OTHER
CLASS OF WORK: [ ] NEW	[ ] ADDITION	[ ] ALTERATIONREPAIR	[ ] MOVE [ ] REMOVE
DESCRIBE WORK:			
COST OF JOB:			

APPLICATIONS ACCEPTED BY:	FOR ISSUANCE BY:		CHECK #
ZONING DISTRICT	AR DISTRICT	SETBACK FROM P/L	CHANGEABLE COPY:YES SQ. FOOTAGE
HEIGHT (F/S)	SQ. FOOTAGE		DIMENSIONS
BOARD APPROVAL REQUIRED:YES NO DATE:	STAFF APPROVAL DATE:		PERMIT FEE (NON-REFUNDABLE)

NOTICE

Separate pemits are required for electrical, plumbing, heating. ventilation or air conditioning. This permit becomes nu}i and void ii work of construction authorized is not commenced within 6 months, or if WOik or construction is suspended or abandoned tor a period of 6 months at anytime after WOik commences.

I hereby certify that I have read and examined this application and know the same to be true and correct. All work be in compliance with the provisions o! laws and ordinances governing (his type ot WOfk whether specified herein or not. The granting o' a permit does act presume to give authority to violate or cancel the provision of any other state or local laws regulating consttuction or the performance of construction.

_____

Signature of Contractor or Authorized Agent (Date)

_____

Signature of Owner (If Owner Builder) (Date)

Special Conditions:

u.,l Rev. 08/2010