



Sign Permit Application
Lincoln County Planning & Inspections Department
 115 W. Main Street, Lincolnton, NC 28092
 Phone: (704) 736-8725 Plan Review: (704) 736-8436
 twells@lincolncounty.org

Parcel ID #: _____
Permit # _____

APPLICANT INFORMATION _____

Contact Person: _____ Phone #: _____
 Email: _____
 Contact Address: _____ Fax #: _____
 Sign Owner's Name (if not same): _____ Phone #: _____

SITE INFORMATION _____

Address where sign is to be located: _____
 Previous Business Name: _____ Type of Business: _____
 New Business Name: _____ Type of Business: _____

APPLICATION TYPE _____

New Sign Construction Addition/Alteration of Existing Sign - year built: _____
 Type of Sign: Ground Sign Pole Sign Wall Sign Billboard LED Sign
 Construction Cost for Sign: _____ Lighted sign: # of Signs: _____

CONTRACTOR INFORMATION _____

Sign Contractor: _____ Phone #: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____

*****Electrical Subcontractor must pull a separate permit*****

STRUCTURE INFORMATION _____

Area of sign face (sq. ft.): _____ Height of Sign (ft.): _____ Front setback: _____ Left: _____ Right: _____

PLEASE READ THE FOLLOWING BEFORE SIGNING:

Rules for LED signs with alternating messages: Signs must give time and temperature information and must show messages a minimum of three seconds before switching to another message. Scrolled messages are prohibited. Changing degree of intensity or color is prohibited. (§3.9.7E of Lincoln County Unified Development Ordinance)

By signing this application below, I certify that I am authorized to apply for permits on this job, that the information given is true and complete to the best of my knowledge and that all work **will comply with North Carolina & local building codes & Unified Development Ordinances concerning this proposed use**. I am aware that this permit will become void after six (6) months from the date of issuance if no inspections have been scheduled and completed to verify work on the project has commenced. For extended projects, I understand that the work must be verified & documented on a yearly basis or the permit will expire. **Any violations of the aforementioned regulations and/or the zoning ordinance will be grounds for revocation of any and all permits issued by this department.**

I certify that I have read the foregoing statement and that I accept responsibility for this project. I further understand that approval of the submitted plans does not confer or imply approval of the actual sign. All work is subject to inspection or testing at the inspector's discretion and the field inspection has final authority.

Signature (owner/contractor): _____

Print Name: _____ Date: _____