

# TOWN OF WEAVERVILLE APPLICATION FOR SIGN PERMIT

Planning and Zoning Department, 30 South Main Street, P.O. Box 338, Weaverville, NC 28787  
 (828) 484-7013--- fax (828) 645-4776 --- [tgupton@weaverville.org](mailto:tgupton@weaverville.org)

OWNER/APPLICANT NAME:

APPLICATION DATE:

MAILING ADDRESS:

PHONE NUMBER:

ADDRESS OF SIGN LOCATION:

PIN:

ZONING DISTRICT: (Residential districts require approval of Special Exception – nameplate only)

TOTAL SQUARE FOOTAGE OF SURFACE AREA (Include BOTH sides of sign):

MESSAGE TO BE DISPLAYED:

TYPE OF SIGN:

- Nameplate
- Ground-mounted monument
- Freestanding pole
- Wall mounted
- Projecting/suspended from building
- Changeable copy
- Private directional
- Multi-tenant identification
- Temporary

APPLICATION IS NOT COMPLETE WITHOUT A SCALE DRAWING OF PROPOSED SIGN, DESCRIPTION OF CONSTRUCTION MATERIALS, COLOR, AND METHOD OF ILLUMINATION.

**I certify that the above information is accurate and true and that I am the owner or a duly appointed agent of the owner.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**It is the applicant's responsibility to obtain a copy of the Town of Weaverville Zoning Ordinance and to be fully aware of the sign regulations detailed in Article VIII.**

## OFFICE USE ONLY

FEE:	DATE PAID:	<input type="checkbox"/>	CHECK	<input type="checkbox"/>	CASH
DESIGN DECISION	<input type="checkbox"/> APPROVED	<input type="checkbox"/>	DISAPPROVED	<input type="checkbox"/>	DATE:
COMPLIANCE WITH DESIGN	<input type="checkbox"/> YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	DATE:
ZONING ADMINSTRATOR:					