

SPR # _____

CASE # _____

COMMERCIAL SIGN/S
BUNCOMBE COUNTY PERMIT APPLICATION

Site Location: _____ PIN # _____

Directions: _____

Permit Type: Sign

Project Description: _____

Total Square Footage of Sign- _____

Mounting (circle) Building Ground Building and Ground Height of Sign _____

Owner: _____ Phone # _____

Address: _____ City _____ State _____ Zip _____

Applicant _____ Phone # _____

Applicant email address: _____

Address: _____ City _____ State _____ Zip _____

Contractor: _____ NCGC LIC # _____ Phone # _____

Sub-Contractors: Electrical _____ State Lic # _____

Mechanical _____ State Lic # _____

Plumbing _____ State Lic # _____

Fuel Piping _____ State Lic # _____

Other _____ State Lic # _____

Lien Agent Name: _____

The undersigned hereby certifies that he/she is the contractor and authorized agent of the owner and the above information is correct to the best of his/her knowledge and hereby makes application for a permit and inspection of work described above. All work will be done in accordance with all applicable Federal, State and local laws and regulations and that it is understood that this permit will expire if work is not commenced and inspected within six months of the date of issue. This permit will also expire if work stops at any time for 12 months or more and no inspections are performed to verify work in progress.

Applicant Signature

Date

Printed Name