



LIGHT LEVEL VERIFICATION AFFIDAVIT

A. Sign Contractor or Electrician Information

Company completing the meter reading: _____

Person completing this form: _____

Business Address: _____

Phone Number: _____ License Number: _____ Date: _____

B. Project Information

Zoning Permit: ZON _____ - _____

Project Name: _____

Project Address: _____

Light Type: Internally/Back-lit Sign Wall packs Light/ Sign LED Kelvin Rating: _____

Does the sign employ changeable copy or use flashing or intermittent lights, sound, color changes or other mechanical or electrical means to give motion to the sign or the impression of motion or movement to the sign or any sign with visible moving, revolving or relocating parts? YES NO

C. Light Meter Reading Results

This light or sign has been metered using NIST Certified Fc Meter:

Date of reading: _____ Time of reading: _____ AM PM

Fc at property line _____ (County Specifications <.75 Fc)

OR

Fc at Right of way _____ (County Specifications <3.0 Fc)

Make and Model of Meter used for this reading: _____

D. Certification

I, _____ do hereby state that I understand the requirements and the intent of the Buncombe County Zoning Ordinance Lighting Standards, and I have independently verified that the lighting or sign identified above does not exceed the allowable light output listed in the ordinance.

Signature: _____ Date: _____