



# SIGN PERMIT

Permit # \_\_\_\_\_

**Applicant/Installer:** \_\_\_\_\_  
**Property Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Temporary Signs: Date Erected:** \_\_\_\_\_  
**To be Removed:** \_\_\_\_\_

- SIGN TYPE**  
 Permanent Sign  
 Sandwich Board Sign  
 Temporary Banner Sign

Note: Temp. Signs have a display time limit of 21 days, four times per calendar year with a 60-day separation between permits.

**PROPOSED SIGNS**

Type	Location	Size	Materials	Fee
TOTAL \$				_____

**SIGN LETTERING/PURPOSE: (i.e.- What will sign "say"? ) – Attach Plans or Sketch of Sign & Proposed Location on Property**

\_\_\_\_\_

\_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

By signing this application, I acknowledge I have read and understand the conditions that will allow placement of a sign in the approved districts in Jamestown. Any change to the board or sign from the attached sketch will be cause for the Town of Jamestown to have the sign removed. Also, the persons erecting a sign shall indemnify and hold harmless the Town and its officers, agents, employees from any claim arising from the presence or placement of the sign on Town property or right(s)-of-way.

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**NOT VALID UNLESS VALIDATED AND APPROVED** RECEIPT # \_\_\_\_\_

- Permit Approved by \_\_\_\_\_ Date: \_\_\_\_\_  
 Permit Denied  
 Development Clearance Certificate Issued Fee: \_\_\_\_\_ Receipt # \_\_\_\_\_

Please note that it is the applicant’s responsibility to contact and apply for any building or electrical permits from the Guilford County Building Inspection Department before sign installation. Please call (336) 454-1138 for more information.

**Office Use Only:**

**Zoning:** \_\_\_\_\_ **Tax PIN #:** \_\_\_\_\_  
**Number of times applied this year:** \_\_\_\_\_  
**Type of Group (Religious/Civic, Business, etc.)** \_\_\_\_\_  
**Sketch/Plans Attached:** Y N