

Permit # _____

Swansboro Inspection Department
601 W. Corbett Ave.
Swansboro

Telephone: 910.326.4428

FAX: 910.326.3101

Sign Application

Owner Name: _____ Cell Phone: _____

Street _____ City _____ State: _____ Zip: _____

Email: _____

Job Address: (physical) if different from above:

Street _____

City: _____ State: _____ Zip: _____

Sign Cost: \$ _____ Is sign located at a shopping center? _____

Sign information:

Type (circle one)	Size	Height Above Ground
Building		
Principle		
Portable		
Canopy/Awning		
Banner		
Real Estate		
Contractor		
Other		

Attach plans indicating requested sign(s) location on property. Give dimensions of the building facing any street rights-of-way. Individual message and size of each sign requested. Also, include message and dimensions of any existing sign (s) which will remain if these sign(s) are approved.

Any work that fails inspection requires a \$60 reinspection fee. The fee must be paid PRIOR to reinspection.

Any work that begins without a permit will pay double fee

I certify that all information in this application is true to the best of my knowledge, and all work will comply with state and local codes, laws, and ordinances. The inspection department will be notified of any changes prior to work.

Signature (Applicant) _____

Email this application to Linda Stegall: lstegall@ci.swansboro.nc.us

*****TOWN USE ONLY*****

ETJ _____

Town _____

Permit Fee: \$ _____