

City of Jacksonville
Building Inspections Division
815 New Bridge Street/P.O. Box 128
Jacksonville, NC 28541
(910) 938-5232 or (910) 938-5235
Fax: (910) 938-5208
www.ci.jacksonville.nc.us

SIGN APPLICATION

Date: _____ Permit No.# _____

THIS PERMIT IS HERE BY ISSUED TO: Permit Fee:\$ _____

Sign Installer: _____ Phone# _____

Installer Address: _____

CITY PRIVILEGE LICENSE # _____ COST OF SIGN \$ _____

PROJECT ADDRESS OF SIGN : _____

Owner: _____ Phone # _____

Address: _____
City State Zip Code

STORE FRONTAGE: _____

FOR INSTALLATION OF FACE REPLACEMENT ONLY:

Existing Signs: Ground _____ sq. ft. Wall _____ sq. ft. Other _____ sq. ft.

NOTE: ALL ELECTRIC SIGNS MUST HAVE ELECTRICAL PERMIT DESIGN/STRESS DIAGRAM OR PLAN MUST BE SUBMITTED WITH APPLICATION. MUST BE DESIGNED FOR 130 M.P.H WIND ZONE. ENGINEER SEAL REQUIRED FOR ALL GROUND SIGNS.

FOR INSTALLATION OF NEW SIGNS:

NO(#) Ground Sign(s) _____ Sq. Ft. _____ NO(#) Wall Sign(s) _____ Sq. Ft. _____

NO(#) Other Type Sign(s) _____ Sq. Ft. _____

UL LISTING # REQUIRED FOR ALL ELECTRICAL SIGNS _____

APPLICANT SIGNATURE

Inspections Approval: _____ Date: _____