



CAPE CARTERET DEPARTMENT OF INSPECTIONS SIGN PERMIT APPLICATION

Name of Business on Sign: _____

Address: _____

- Ground Sign
- Roof Sign
- Off-Premises (Billboard)
- Wall Sign
- Projection Sign
- Awning Sign
- Marquee Sign
- Special Event Sign
- Other: _____

Sign Cost: \$ _____

Total of Sign Face Area: _____
Total Height: _____ feet
Clearance to Ground: _____ feet

Sign/Business Owner: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____

Contractor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____

Current City Privilege License: _____ Yes _____ No

***Design/Stress Diagram or Plan must be submitted with this application along with detailed plans/specifications.
Sign must be designed for 130 mph wind zone

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable state and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Owner/Agent Signature:

**NOTE: Only ORIGINAL signatures will be accepted. NO photocopies or facsimilies.