



TOWN OF CALABASH, NORTH CAROLINA

Post Office Box 4967 * 882 Persimmon Road * Calabash, NC 28467

Administration: (910) 579-6747 * Building Inspector: (910) 579-0500* Fax (910) 579-5495

Web Address: www.townofcalabash.net * Email: towncalabash@atmc.net

Sign Permit Application

Submit a completed application

Submit 2 sets of scaled drawings that include:

- a. overall design, lettering, sign materials
- b. location of sign(s) on the site and/or building
- c. lighting details (if no lighting, indicate on drawings)

Signs must withstand
130 mph winds

Date of submission: _____

(Sign fee is \$25 per face)

Business Address: _____

Street

Unit #

Complex Name

Owner Name or Authorized Lessee (PRINT): _____

Applicant Contact #'s: _____

Business

Cell

Fax

Sign Type Free Standing Wall Mounted Mounted on Mansard
 Marquee Window Temporary Other

Proposed Sign Dimensions: Sign 1 _____ Sign 2 _____ Sign 3 _____

Total square feet of signage requested: _____

Total Cost of all Signs: _____

Name of Sign Maker: _____ Installer _____

By signing below the applicant is certifying that all information provided is correct and that all work will comply with NC State Building Codes, applicable town ordinances, setbacks, yard/height requirements and specifications of the plan submitted.

Applicant Signature _____ Date _____

FOR OFFICIAL USE

Permit # _____ Parcel # _____

Total Signage Allowed: _____ Details _____

Building Inspector _____ Date _____

Revised 4/2010