City of Bessemer City Sign Permit Application

132 West Virginia Avenue, Bessemer City, NC 28016
Phone: 704-629-5542 Fax: 704-629-2237 Web Address: www.Bessemercity.com

Applicant Information
Applicant: _____ Contact Person: _____
Address: _____ Phone #: (_____)_____

Sign Contractor
Company Name: _____ Contact Person: _____
Address: _____ Phone #: (_____)_____

Lot Information
Property Location: _____ Parcel #: _____ Zoning District: _____
Owner: _____ Phone #: (_____)_____
Address: _____
Name of Business: _____

Sign Information

FREESTANDING SIGNS	Type of Sign: **Ground - Pole - Menu Board** [CIRCLE]
Directory: ☐ or ☐ Multi-tenant ☐ or ☐	Total New Sign Area: Height _____ x Width _____ = Area _____Sq.ft.
Total height to top of sign: _____ft.	Ground Clearance under sign: _____ft.
Is the sign below grade at street level?: ☐ or ☐ How many feet? _____	Street sign is fronting: _____
Distance behind Right-Of-Way line: _____ft. Side Setback: _____ft. In sight distance triangle?: ☐ or ☐	

BUILDING SIGNS	Type of Sign: **Wall - AWNING - Menu Board - Projecting** [CIRCLE]
Directory: **Y** or **N**	Total New Sign Area: Height _____ x Width _____ = Area _____Sq.ft.
WALL	Area of building wall: Height _____ x Width _____ = Area _____Sq.ft.
PROJECTING	Projection from the building: _____ft. Ground clearance under sign: _____ft.

Lighted: **Y** or **N** Illuminated: **Internal – External** Lighting Details: _____

Other than the new sign, number of existing signs on the property:_____
Total square footage of freestanding signs on premises:_____ft. Building signs:_____ft.
Attach dimensional and location information of any other signs to this permit

Attach the following
For free-standing and ground signs, 1 copy of a scaled dimensional drawing showing all property lines, right-of-way lines, and the exact shape and dimensions of the lot on which the sign is to be located. On this drawing the applicant shall sketch the proposed location of the sign, along with dimensions of sign and support structure.

I hereby certify that all of the information provided for this application and all attachments are true and correct to the best of my knowledge. I further certify that I am familiar with all the requirements of the Unified Development Ordinance (UDO) concerning this proposed use. Any violation of the UDO will be grounds for revoking this permit and any subsequent permit issued by the City of Bessemer City. Zoning Permits expire if work or construction is not begun within 6 months.

APPLICANT SIGNATURE: _____ **DATE:** _____

RECEIVED BY: **DATE:**
(Approved or Denied) Permit # _____ Issuance Date: _____ Fee Total: ☐
City or Well Water: ☐ City Sewer or Septic: ☐
[FOR OFFICE USE ONLY]