



**Sign Permit Application**  
**Lincoln County Planning & Inspections Department**  
115 W. Main Street, Lincolnton, NC 28092  
Phone: (704) 736-8725 Plan Review: (704) 736-8436  
twells@lincolncounty.org

Parcel ID #: \_\_\_\_\_

Permit # \_\_\_\_\_

**APPLICANT INFORMATION** \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Sign Owner's Name (if not same): \_\_\_\_\_ Phone #: \_\_\_\_\_

**SITE INFORMATION** \_\_\_\_\_

Address where sign is to be located: \_\_\_\_\_

Previous Business Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

New Business Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

**APPLICATION TYPE** \_\_\_\_\_

New Sign Construction  Addition/Alteration of Existing Sign - year built: \_\_\_\_\_

Type of Sign:  Ground Sign  Pole Sign  Wall Sign  Billboard  LED Sign

Construction Cost for Sign: \_\_\_\_\_ Lighted sign:  # of Signs: \_\_\_\_\_

**CONTRACTOR INFORMATION** \_\_\_\_\_

Sign Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**\*\*\*Electrical Subcontractor must pull a separate permit\*\*\***

**STRUCTURE INFORMATION** \_\_\_\_\_

Area of sign face (sq. ft.): \_\_\_\_\_ Height of Sign (ft.): \_\_\_\_\_ Front setback: \_\_\_\_\_ Left: \_\_\_\_\_ Right: \_\_\_\_\_

**PLEASE READ THE FOLLOWING BEFORE SIGNING:**

**Rules for LED signs with alternating messages:** Signs must give time and temperature information and must show messages a minimum of three seconds before switching to another message. Scrolled messages are prohibited. Changing degree of intensity or color is prohibited. (**§3.9.7E of Lincoln County Unified Development Ordinance**)

By signing this application below, I certify that I am authorized to apply for permits on this job, that the information given is true and complete to the best of my knowledge and that all work **will comply with North Carolina & local building codes & Unified Development Ordinances concerning this proposed use**. I am aware that this permit will become void after six (6) months from the date of issuance if no inspections have been scheduled and completed to verify work on the project has commenced. For extended projects, I understand that the work must be verified & documented on a yearly basis or the permit will expire. **Any violations of the aforementioned regulations and/or the zoning ordinance will be grounds for revocation of any and all permits issued by this department.**

**I certify that I have read the foregoing statement and that I accept responsibility for this project. I further understand that approval of the submitted plans does not confer or imply approval of the actual sign. All work is subject to inspection or testing at the inspector's discretion and the field inspection has final authority.**

Signature (owner/contractor): \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_