

## **OFF-PREMISE DIRECTIONAL SIGN**

APPLICATION Town of Goldston, NC

Applicant Information

Contact No. (\_\_\_\_\_

Name:<u></u> Address:

\_\_\_\_\_

\_\_\_\_ State/Zip:\_\_

**Off-Premise Directional Sign Requirements** 

City:

Please check each box to ensure you are providing all necessary documentation in order for this application to be processed. Failure to provide any required information will produce a denial of the application request.

- Off-premise directional signs are permitted in any zoning district provided no sign is larger than 32 square feet and no part of the sign is higher than eight (8) feet above the ground at its base.
- Three off-premise directional signs are allowed per business, church, park, historic property, school, or other place of assembly.
- Only one (1) off-premise directional sign is permitted per property; however multiple uses are allowed to be identified on the sign.
- The square footage of the off-premise directional sign shall not be counted against the square footage of other signs allowed on the property.
- Written permission from the owner(s) of the property where the sign is proposed to be located is required to be submitted with the sign permit application.
- Verification from the North Carolina Department of Transportation that the sign will not be in violation of any State regulations at its proposed location must be submitted with the sign permit application.

Locations of Off-Premise Directional Sign/s			
Sign No. 1: Located on PARCEL No.:	NCDOT verification/authorization attached? 🗌 Yes		
Property Owner Name:	Signed Permission Attached? 🗌 Yes		
Property Owner Mailing Address:	City/State/Zip:		
Sign Area Square Feet Sign Height f	rom Ground Level		
What is the name of the Business/Organization sign will be di	recting traffic for?		
Sign No. 2: Located on PARCEL No.:	NCDOT verification/authorization attached? 🗌 Yes		
Property Owner Name:	Signed Permission Attached? 🗌 Yes		
Property Owner Mailing Address:	City/State/Zip:		
Sign Area Square Feet Sign Height f	rom Ground Level		
What is the name of the Business/Organization sign will be di	recting traffic for?		
Sign No. 3: Located on PARCEL No.:	NCDOT verification/authorization attached? 🗌 Yes		
Property Owner Name:	Signed Permission Attached? 🗌 Yes		
Property Owner Mailing Address:	City/State/Zip:		
Sign Area Square Feet Sign Height f	rom Ground Level		
What is the name of the Business/Organization sign will be di	recting traffic for?		

## **Statement of Acceptance**

By signing this application, I state that I understand and agree to the rules and regulations described herein and agree to comply as required. Should I not maintain compliance with this regulation, I understand any and all signs described herein, or that have been unlawfully placed, may be removed by the Town or County designee or NCDOT as deemed necessary. I also understand the Town nor the County are not liable for damages, theft, or removal of any sign outside of their control.

Applicant Signature:	Printed:			
Date:	-			
OFFICE USE ONLY				
Application No. <u>PL</u>	Date Rcv'd	Date Approved		
Application Fee: <u>\$</u>	_ Method of Payment 🗌 Cash	🗌 Credit Card 🔲 Check No		
Approved By:		_		

\*In keeping with the North Carolina Records Law, applications, emails, and all other methods of correspondence related to this application, may be released to others upon request for inspection and/or copying.

For questions regarding Off-Premise directional signs, please contact: Zoning Administrator, Angela Plummer, CZO at (919) 542-8285 or angela.plummer@chathamcountync.gov