



APPLICATION FOR SIGN PERMIT

Date: \_\_\_\_\_ Plan No. \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_ Tax Map#: \_\_\_\_\_

Applicant Name, Address, Phone, Fax: \_\_\_\_\_

\_\_\_\_\_ e-mail: \_\_\_\_\_

Application for: \_\_\_\_\_ Ground Sign \_\_\_\_\_ Wall Sign(s) \_\_\_\_\_ Window (Identification)

Property Owner (where sign is to be erected): \_\_\_\_\_

Name of Owner of the sign: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Sign Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Total Cost of Sign(s): \_\_\_\_\_

GROUND SIGN: (one per public street frontage)

Sign Height (ft): \_\_\_\_\_

Sign Area (sq/ft): \_\_\_\_\_

Distance From Nearest Property Line/

Right-of-Way (ft): \_\_\_\_\_

WALL SIGNS: (One per business)\*

Area of Sign(s): \_\_\_\_\_

Width of Building: \_\_\_\_\_

No. of Stories: \_\_\_\_\_

WINDOW SIGN: (residential districts only)

Sign Area (sq/ft): \_\_\_\_\_

\*With the exception of Stonecrest & Graystone Crossing PDDs where Two Wall Signs are permitted)

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Please provide the following information with your application:

- 1. Two scaled drawings of the plans and specifications of sign to be erected or affixed. The plans will include, but will not be limited to, details of dimensions, message, materials, size of the proposed sign and whether it will utilize Changeable Electronic Variable Messaging. For wall signs, dimensions of the building wall on which the sign is to be affixed and location and size of existing wall signs will also be included.
2. Site plan showing dimensions of lot, location of all power lines, driveways, buildings and sign with distance to property lines.
3. If Property owner is not the same as the owner of the sign, then a notarized letter from property owner stating approval for sign placement is required.
4. Other information as Zoning Administrator may require to determine compliance with this and other applicable codes.

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The undersigned hereby makes application for a permit for the installation of the sign(s) described herein, and agrees to conform to all applicable laws of the City of Tega Cay and the State of SC regulating the same. This is an application for a permit and does not constitute authorization for the work described. The permit for work will be based upon approval of this application by the Zoning Administrator and Building Official.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please send application to Development Services, 7725 Tega Cay Drive/P.O. Box 3399, Tega Cay, SC 29708. Fax (803) 802-4896

Sign Questions: 803-548-3513

\*\*\*\*\* PLEASE ALLOW (10) WORKING DAYS FOR PROCESSING \*\*\*\*\*

COMMENTS (Please include any other information that the City needs to consider while processing your permit request:

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**OFFICE USE ONLY**

AMOUNT PAID: \_\_\_\_\_ CHECK #: \_\_\_\_\_ CASH AMOUNT: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

ACCEPTED BY: \_\_\_\_\_  
Development Services Staff Date

APPROVED: \_\_\_\_\_ DENIED\*: \_\_\_\_\_

Signature: \_\_\_\_\_  
Zoning Administrator Date

*\*Reasons for Denial:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_