



TOWN of
WAKE FOREST

DEVELOPMENT SIGN PERMIT
APPLICATION

Town of Wake Forest Planning Department
301 S. Brooks Street
Wake Forest, NC 27587

Tel.: 919.435.9510 Fax: 919.435.9539

(Last updated: March 2016)

APPLICANT INFORMATION:

Applicant/General: _____	License #: _____
Address: _____	
Phone: _____	Fax: _____ Email: _____

Property Owner (if different from applicant): _____
Address: _____
Phone: _____ Fax: _____ Email: _____

PERMIT INFORMATION:

Project Address: _____
Subdivision: _____ Lot No.: _____ Phase: _____
Wake County Tax PIN Number: _____ Zoning District: _____
Town Jurisdiction: <input type="checkbox"/> Inside Corporate Limits <input type="checkbox"/> Extra-Territorial Jurisdiction (ETJ)
DOES THE INSTALLATION OF SIGNAGE REQUIRE AN ELECTRICAL/BUILDING PERMIT?
<input type="checkbox"/> (Electrical and/or building permit required)* <input type="checkbox"/> (No electrical permit required)
*If an electrical/building permit is required, please complete the attached trade permit application.

SIGNATURES:

I/we the undersigned do hereby certify that all information given above is true, complete, & accurate to the best of my/our knowledge. A final inspection is required upon completion of all development permits. To schedule an inspection, please call (919) 435-9510.

(Applicant Print Name)

(Applicant Signature)

(Date)

For Planning Department Use Only:	
<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Total Development Permit Fee: _____
Permit #: _____	
Planning Approval: _____	
Notes: _____	

SIGN INFORMATION

TEMPORARY SIGN INFORMATION:

<p>Construction Material: Sign: _____ Posts: _____</p>	<p>Sign Description (check all that applies): <input type="checkbox"/> Banner <input type="checkbox"/> Special Event <input type="checkbox"/> Construction <input type="checkbox"/> Sales Office <input type="checkbox"/> Grand Opening <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other: _____</p>
<p>Date to be displayed: _____ Date to be removed: _____</p>	<p>Sign Dimensions: Height: _____ Width: _____</p>

ATTACHED SIGN INFORMATION (PERMANENT):

Sign Type: Wall Window/Door Awning/Canopy Theater Marquee Projecting/Suspending

Dimensional Information:

Number of Signs	Sign Length/Height	Total Sign Area	Illumination (External/Internal/N/A)

PLEASE SUBMIT THE FOLLOWING WITH WALL SIGN DEVELOPMENT PERMIT APPLICATIONS:

- Two color copies of all proposed signs drawn to scale and labeled with dimensions.
- Two color copies of the proposed sign(s) shown on the wall for erection drawn to scale.
- An electrical permit is required for all illuminated signs.

FREE STANDING SIGN INFORMATION (PERMANENT):

Sign Type: Monument Post & Arm Portable/A-Frame Other: _____

Dimensional Information:

Number of Signs	Sign Length/Height	Total Sign Area	Height Above Grade	Illumination (External/Internal/N/A)

PLEASE SUBMIT THE FOLLOWING WITH GROUND SIGN APPLICATIONS:

- Two color copies of all proposed signs drawn to scale and labeled with dimensions.
- An electrical permit is required for all illuminated signs.
- Two copies of a site plan drawn to scale showing the exact proposed location. Label all easements, if applicable, and include proposed setbacks from property lines.
- Sealed engineered drawings from a licensed NC Engineer are required for all ground signs exceeding sixty (60) inches in height measured from the top of the footing. The drawing must include a statement demonstrating that the proposed sign will withstand the 100 mph wind zone.



TOWN of
WAKE FOREST

FOR DEPARTMENT USE ONLY:

Application #: _____

Permit #: _____

TRADE PERMIT APPLICATION FOR SIGNAGE
 Town of Wake Forest Planning & Inspections Department
 301 S. Brooks Street
 Wake Forest, NC 27587
 Tel.: 919.435.9530 Fax: 919.435.9538
 (Last updated: March 2016)

APPLICANT INFORMATION:

Applicant/General: _____ License #: _____
 Address: _____ Phone #: _____
 Email (Permitting): _____ Email (Inspections): _____

PROPERTY OWNER INFORMATION:

Property Owner: _____ Phone #: _____
 Address: _____

PERMIT INFORMATION:

TRADE	CONTRACTOR NAME	LICENSE #	PHONE #	CONTACT PERSON
General				
Electrical				
Other				

COST PER TRADE:

Total Cost of Construction: \$ _____
 General: \$ _____ Electrical: \$ _____ Other: \$ _____

SIGNATURES:

I/we the undersigned do hereby certify that all information given above is true, complete, & accurate to the best of my/our knowledge. An inspection is required for construction involving a building permit. To schedule an inspection, please call (919) 435-9531.

 (Applicant Print Name)

 (Applicant Signature)

 (Date)

For Inspections Department Use Only:

Approval Denial

Building Approval: _____ Date: _____

Notes: _____
