



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:  Inside Corporate Limits  Extra-Territorial Jurisdiction (ETJ)  
  
DOES THE INSTALLATION OF SIGNAGE REQUIRE AN ELECTRICAL/BUILDING PERMIT?  
 (Electrical and/or building permit required)\*  (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:  
 Approval  Denial Total Development Permit Fee: \_\_\_\_\_  
Permit #: \_\_\_\_\_  
Planning Approval: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

## SIGN INFORMATION

### TEMPORARY SIGN INFORMATION:

<p><b>Construction Material:</b>                  Sign: _____                  Posts: _____</p> <p>Date to be displayed: _____                  Date to be removed: _____</p>	<p><b>Sign Description (check all that applies):</b>  <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><b>Sign Dimensions:</b>                  Height: _____      Width: _____</p>
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### 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: \_\_\_\_\_  
 \_\_\_\_\_