



VILLAGE OF MARVIN

10004 New Town Road | Marvin, NC | 28173 | Tel: (704) 843-1680 | Fax: (704) 843-1660 | www.marvinnc.org

SIGN PERMIT APPLICATION

Applicant(s) Name: _____ Phone: _____
 Address of Applicant: _____ FAX: _____
 _____ Zip Code: _____
 Email: _____

Owner(s) Name: _____ Phone: _____
 Address of Owner: _____ FAX: _____
 _____ Zip Code: _____
 Email: _____

Sign Contractor Company: _____ Phone: _____
(if different from Applicant)
 Contact Name: _____ Email: _____

SIGN INFORMATION:

Number of signs requested (must be identical to be included on the same permit): _____
 Parcel No. _____ Zoning: _____
 Address or Location of Proposed Sign: _____
 Business/Company/Subdivision Name: _____

The sign is:

- Alteration of Existing Sign New Installation Temporary

The sign type is a/an:

- Banner Wall Monument/Pylon
 Projecting/
 Suspended Awning/Canopy Post & Arm
 Other: _____

The sign is for a/an:

- Building (stand alone) Development Event or Sale
 Home Occupation Tenant Space Other _____

The sign is:

- Freestanding Mounted

Type of Illumination:

- Internal External None

Area of sign face _____ sq. ft. (sign height x sign width)

Sign height _____ ft (sign height incl. base: _____ ft.) Sign width: _____ ft.

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Total Area permitted for Wall Signs: (Linear Ft of Tenant Space X 1 sq. ft): _____ sq. ft.

Attachments

In order to be considered complete, the following must accompany each application:

1. A rendering of the sign depicting the following information: dimensions, type of lettering, color(s) of the sign and lettering, and the location of the sign on the property or building. If this is a freestanding sign, you must attach a plot plan showing the location of the sign on the property.
2. Application fee paid in full must be received prior to the issuance of a sign permit (checks made payable to the Village of Marvin).

Note: Section 151.142 prohibits the location of any sign within the road right of way. If you are unsure of what the road right of way is adjacent to your site, please contact Village Staff.

Certifications

I hereby certify that the information provided herein, to the best of my knowledge is accurate and complete. Any violation of an approved permit may be grounds for its revocation.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

FOR OFFICE USE ONLY

To the best of my knowledge, this application is complete. Based on the information provided, I hereby

_____ APPROVE _____ DISAPPROVE this permit application.

Comments/Conditions:

Zoning Administrator

Date

THIS PERMIT IS VALID FOR SIX (6) MONTHS FROM THE DATE OF ISSUE