

Permanent Sign Permit Application



TOWN OF GASTON
 P.O. Box 429
 Gaston, SC 29053
 Town Hall: (803) 796-7725
 Fax: (803) 739-5793

TMS #: _____

ISSUE DATE: _____

Type of Signage: On Premise Wall Monument Roof
 Off Premise Marquee Projecting Other

Location of Signage: _____ Zoning: _____

Property Owner: _____ Phone: _____

Applicant: _____ Sign Company: _____

Address: _____ Applicant Phone: _____

(Off Premise Only): Lease Agreement: Yes ___ No ___ Verbal ___ Written ___

SKETCH PLAN	LOCATION
<p>SKETCH PLAN SHALL SHOW AS A MINIMUM:</p> <p>1 - Overall height of signage 2 - Overall width of sign location 3 - Height to bottom of signage measures either from ground level or edge of pavement, whichever is applicable.</p>	<p>LOCATION SHALL SHOW AS A MINIMUM:</p> <p>1 - Distance from corners, curbs, driveways, etc., sufficient to field - check location. 2 - Distance from front or side property lines, whichever is applicable. 3 - Clearly defined front and side yard setbacks</p>

Total Value of Signage: \$ _____

CONSTRUCTION PLANS AND SPECIFICATIONS FOR EACH SIGN MUST ACCOMPANY THIS FORM. PERMIT WILL NOT BE PROCESSED WITHOUT THIS INFORMATION. SIGN RECEIPTS ARE NO LONGER PERMITS, YOUR COPY OF THIS FORM IS. ANY CHANGES NOT APPROVED WILL VOID THIS PERMIT IMMEDIATELY! THIS PERMIT IS VALID FOR SIX (6) MONTHS OR START OF CONSTRUCTION, ONE (1) YEAR TO COMPLETE CONSTRUCTION.



By applying for and signing this sign permit, I hereby affirm that I will abide by all Ordinances & Regulations as enacted by the Town of Gaston now in effect or as lawfully enacted.

Applicant _____ Date _____

FOR PLANNING & DEVELOPMENT USE

Issued by: _____ Date: _____ Approved (Initial) _____ Denied (Initial) _____

FOR INSPECTION USE

1ST Inspection: _____ Date: _____
 2ND Inspection: _____ Date: _____
 Final Inspection: _____ Date: _____
 Remarks: _____

FOR FINANCE OFFICE USE

Receipt #	_____	Date	_____
Fee Sign	_____	\$	_____
Depos. for Sign Removal	_____	\$	_____
Total	_____	\$	_____