

# Permanent Sign Permit Application



TOWN OF GASTON  
 P.O. Box 420  
 Gaston, SC 29053  
 Town Hall: (803) 796-7725  
 Fax: (803) 739-5797

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><b>SKETCH PLAN SHALL SHOW AS A MINIMUM:</b></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><b>LOCATION SHALL SHOW AS A MINIMUM:</b></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**

1<sup>ST</sup> Inspection: \_\_\_\_\_ Date: \_\_\_\_\_  
 2<sup>ND</sup> Inspection: \_\_\_\_\_ Date: \_\_\_\_\_  
 Final Inspection: \_\_\_\_\_ Date: \_\_\_\_\_  
 Remarks: \_\_\_\_\_

**FOR FINANCE OFFICE USE**

Receipt # \_\_\_\_\_  
 Fee \$ \_\_\_\_\_  
 Deposit for Sign Removal \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_