

**NEW HANOVER COUNTY  
DEPARTMENT OF BUILDING SAFETY  
230 Government Center Dr. Suite 170  
Telephone (910) 798-7308  
Fax (910) 798-7811**

Nicholas Gadzekpo  
Director of Building Safety

**\*\*\*IMPORTANT NOTICE\*\*\***

**FOR COMPLETE ELECTRONIC PROJECT SUBMITTALS BY EMAIL**

If you wish to submit your Commercial or Residential project electronically by email, please attach your electronic plans in the “pdf format along with your application” before clicking the send button.

**FOR COMPLETE ELECTRONIC PROJECT SUBMITTALS IN PERSON**

If you wish to submit your Commercial or Residential project in person on CD, please fill out the building permit application on line, print it, scan and put it on your CD along with the plans and Appendix B if applicable in the “pdf format” & bring your CD to the Development Services Center, located at 230 Government Center Drive; Suite 170.

If you have questions about the electronic submittal process, please call the Development Services Center at (910) 798-7308.

Please note that we except Cash, Checks, and Credit Cards (American Express, Discover, VISA, and MasterCard).

Thank you.



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: SIGNS / BILLBOARDS

APPLICATION Number

PLEASE PRINT CLEARLY & ANSWER ALL QUESTIONS  
"Project Responsibility"

(Office Use)

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 DEVELOPER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 PROJECT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 OCCUPANT/BUSINESS NAME: \_\_\_\_\_  
 PROPERTY OWNER'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 OWNER'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 CONTRACTOR: \_\_\_\_\_ LICENSE #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 PROJECT CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

(CHECK ALL THAT APPLY)

ERECT  ALTER  REPAIR  ENLARGE  CHANGE OUT

DESCRIPTION OF WORK: \_\_\_\_\_

IS SIGN(S) ON OR OFF PREMISES?  ON  OFF

DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor or contractor information. \*\*\*NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bldg Code and Subject to Fines Up To \$500.00\*\*\*

OWNER/CONTRACTOR: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
 (Print Name)

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### TYPE OF SIGN(S)

FREESTANDING (Ground)  MARQUEE  PROJECTION  ROOF  
 SHINGLE  WALL  CANOPY  OTHER

Total Number of Signs on this Project: \_\_\_\_\_

SIGN 1 Height: \_\_\_\_\_ Sign Dimensions: \_\_\_\_\_ X \_\_\_\_\_ Total SQ.FT. of Sign: \_\_\_\_\_  
 SIGN 2 Height: \_\_\_\_\_ Sign Dimensions: \_\_\_\_\_ X \_\_\_\_\_ Total SQ.FT. of Sign: \_\_\_\_\_  
 SIGN 3 Height: \_\_\_\_\_ Sign Dimensions: \_\_\_\_\_ X \_\_\_\_\_ Total SQ.FT. of Sign: \_\_\_\_\_  
 SIGN 4 Height: \_\_\_\_\_ Sign Dimensions: \_\_\_\_\_ X \_\_\_\_\_ Total SQ.FT. of Sign: \_\_\_\_\_

TOTAL PROJECT COST: \$ \_\_\_\_\_ IS THE PROPERTY LOCATED IN A FLOODPLAIN?  Yes  No

\*\*\* SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS \*\*\*

PAYMENT METHOD:  CASH  CHECK (PAYABLE TO NHC)  AMERICAN EXPRESS  MC/VISA  DISCOVER

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ZONE: \_\_\_\_\_ OFFICER: \_\_\_\_\_ (FOR OFFICE USE ONLY) SETBACKS: F: \_\_\_\_\_ LH \_\_\_\_\_ RH \_\_\_\_\_ B \_\_\_\_\_ REVISD DATE 3/30/12  
 Approval: \_\_\_\_\_ City: \_\_\_\_\_ DATE \_\_\_\_\_ FLOOD: \_\_\_\_\_ BFE+2ft= \_\_\_\_\_  
 A V N

Comment: \_\_\_\_\_ PERMIT FEE: \$ \_\_\_\_\_