## CITY OF THOMASVILLE • P. O. BOX 368 • 10 SALEM STREET • THOMASVILLE, NC 27361 PLANNING & INSPECTIONS DEPT • TEL 336-475-4252 • Email: chuck.george@thomasville-nc.gov

Application for Sign Permit	Date://
Name of business	Tel:
Address of business	
	Tel:
Address of business owner	
Name of property owner	Tel:
Address of property owner	
Type of sign: Wall Roof_	Freestanding
Type of building front: Brick Block	c Metal Wood
Surface area for freestanding sign: Height_	Length (SQ. FT.)
Surface area of sign on building front: Heigh	nt Length (SQ. FT.)
Height clearance from ground to bottom of s	sign:
Distance from property lines: Front	Rear Side
Street or Building frontage: Street	(LNR. FT.) Building(SQ. FT.)
Distance from overhead power lines:	
List any existing signs: Wall	Freestanding
Cost of sign:	Cost of permit:
(Attach drawings and spe	cifications of your proposed signage)
Name of Sign Company:	
Address:	
Application Submitted By	Tel:
Fax: Email:	
Name of Licensed Electrician (If required)	
Tel: Email:	