



APPLICATION FOR SIGN PERMIT ORANGEBURG COUNTY, SOUTH CAROLINA

INSTRUCTIONS: APPLICATION MUST BE COMPLETED IN FULL. COMPLETION OF APPLICATION DOES NOT CONSTITUTE APPROVAL OR AUTHORIZATION FOR THE WORK DESCRIBED. THE PERMIT FOR THIS WORK WILL BE BASED UPON APPROVAL OF THIS APPLICATION BY THE ZONING ADMINISTRATOR. THE APPLICATION WILL BE APPROVED OR DENIED WITHIN THREE WORKING DAYS AFTER FILING.

NAME OF APPLICANT _____ PHONE _____

MAILING ADDRESS _____

NAME OF PROPERTY OWNER WHERE SIGN IS TO BE LOCATED _____

_____ PHONE _____

MAILING ADDRESS _____

NAME OF CONTRACTOR _____ PHONE _____

MAILING ADDRESS _____

LINEAR STREET FRONTAGE AND USE OF PROPERTY ON WHICH SIGN IS TO BE LOCATED _____ feet street frontage _____ use.

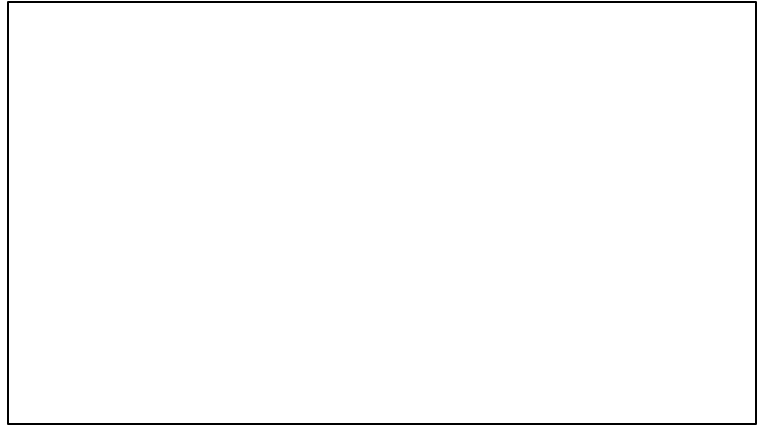
TAX MAP NUMBER _____ PRESENT ZONING _____

NATURE OF WORK: () NEW CONSTRUCTION () ALTERATION () REPAIR

TYPE OF SIGN (check)	Area of Sign Face	Estimated Cost	Type of Lighting
() Free-standing	_____	_____	_____
() Canopy	_____	_____	_____
() Wall or Flat	_____	_____	_____
() Projecting	_____	_____	_____
() Marquee	_____	_____	_____
() Roof	_____	_____	_____
() Temporary	_____	_____	_____

NUMBER AND TYPE OF EXISTING SIGNS ON PROPERTY _____

SITE PLAN: SHOW
STREETS AND LOT
DIMENSIONS WITH
SIGN LOCATION AND
DISTANCE TO ALL
LOT LINES.



SIGN DRAWING: SHOW
DIMENSIONS,
SIGN FACE AREA,
AND HEIGHT OF
PROPOSED SIGN(S).



THE ABOVE STATEMENTS AND ACCOMPANYING MATERIAL ARE COMPLETE
AND ACCURATE.

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE

RECEIVED _____ DATE _____

MINIMUM SETBACK REQUIRED _____ feet

MAXIMUM SIZE ALLOWED _____ square feet

MAXIMUM HEIGHT ALLOWED _____ feet

Actions _____ APPROVE _____ DENY

Basis of Findings: _____

Zoning Administrator

Date