To submit this application electronically please email to planneroftheday@cityofec.com.
The application will not be processed until payment is received.
Mailing Address: PO Box 347 Elizabeth City, NC 27907

CITY OF ELIZABETH CITY
PLANNING & COMMUNITY DEVELOPMENT
DEPARTMENT A.P. Midgett Municipal Building
302 Colonial Avenue
P.O. Box 347
Elizabeth City, NC 27909
(252) 337-6672

SANDWICH BOARD SIGN PERMIT APPLICATION

Complete this application in compliance with Article XI Section 11-1 of the Unified Development Ordinance. In order to ensure that the proposed sign complies with City regulations, we recommend that the applicant review the enclosed Sandwich Board Sign FAQ Sheet and the City of Elizabeth City’s Sign Ordinance; the Ordinance may be accessed at http://www.ci.elizabeth-city.nc.us/. If you are proposing signage within the Historic District or Halstead Boulevard Extension District Overlays, additional review and regulation standards apply.

For sandwich board signs in the General Business zoning district, the fee for a Sandwich Board sign permit is $30.00. There is no associated permit fee for sandwich board signs within the Central Business District; however, a valid permit is required.

All application petition responses must be typed or handwritten in blue or black ink. All responses must be legible and filled out completely. Illegible and/or incomplete applications will be returned to the applicant. All fees are non-refundable, non-transferrable and are charged per sign. Applications will not be processed unless fees have been paid in full. Applications are not accepted via facsimile or email. Submit the completed application, with original copies of all other supporting documents, materials, sign specification/cut sheets, and fees to the City of Elizabeth City Planning Department via delivery or U.S. Post. Allow at least 3-5 business days for review and processing of all applications.

Please be aware that it is the applicant’s responsibility to ensure that no utilities and/or public right-of-ways will be damaged or affected. All contractors shall have current local privilege license when performing work within the city limits.

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION
INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT
INDICATE ‘NOT APPLICABLE’ OR ‘N/A’ WHERE APPROPRIATE
SECTION A – APPLICANT INFORMATION

Business Owner’s/Applicant’s name

Physical address of the property

Daytime Telephone Number       Alternate Telephone Number

Sign Contractor

Contractor Mailing Address

Contractor Telephone Number

SECTION B – SIGN REQUIREMENTS

Please provide the following information:

1. An 8½x11-size sign spec sheet that includes a color rendering of the sign or a set of color chips for all portions of the sign (lettering, background, sign frame, supports, etc.), all dimensions, lettering style, background, sign frame, and structural support.

2. Indicate size of existing and proposed sign(s), including:
   a. Square Footage Proposed Sign
   b. Total square footage of all signs on premises (including proposed)
   c. Total number of signs on premises (including proposed)

3. An 11x17-size scale drawing indicating the location of the sign, including the following information:
   a. All property lines, with dimensions;
   b. Existing or proposed building elevations, with dimensions;
   c. Locations and dimensions of driveways and sidewalks;
   d. Location of all existing and proposed signs, including ground, wall or projecting and billboard; and
   e. Signs on adjacent properties and distances;

   Note that sandwich board signs cannot be located on or along State maintained roads without authorization.

4. Complete the Sign Plan Sheet below.

<table>
<thead>
<tr>
<th>INFORMATION</th>
<th>SANDWICH BOARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Dimensions (height x length)</td>
<td></td>
</tr>
<tr>
<td>Building/Unit Frontage (linear ft.)</td>
<td></td>
</tr>
<tr>
<td>Building/Unit Façade Area (sq. ft.)</td>
<td></td>
</tr>
<tr>
<td>Message Display Area (sq. ft.)</td>
<td></td>
</tr>
<tr>
<td>Exterior Sign Dimensions (height x length)</td>
<td></td>
</tr>
<tr>
<td>Sign Content/Information to be displayed</td>
<td></td>
</tr>
<tr>
<td>Sign Materials</td>
<td></td>
</tr>
<tr>
<td>Lettering Style (font)</td>
<td></td>
</tr>
<tr>
<td>Lettering Size</td>
<td></td>
</tr>
<tr>
<td>Background Color</td>
<td></td>
</tr>
<tr>
<td>Copy Color</td>
<td></td>
</tr>
</tbody>
</table>

* Please indicate all units of measurement in feet or square feet, where applicable.
SECTION C – AUTHORIZATION

NOTE: IF THE PERSON REQUESTING THE CITY OF ELIZABETH CITY, TO TAKE ACTION ON A PARTICULAR PIECE OF PROPERTY IS NOT THE OWNER OF THE PROPERTY, OR UNDER CONTRACT TO PURCHASE, THEN THE ACTUAL OWNER OF THE LAND MUST COMPLETE THIS FORM WITH HIS/HER SIGNATURE NOTARIZED. IF THE PROPERTY OWNER IS THE APPLICANT, COMPLETE THE SECTION BELOW AND SIGN AS INDICATED.

I, ________________________________________________ (LANDOWNER’S NAME) am the owner of the property located within the Elizabeth City planning jurisdiction at:

Street Address: ______________________________________________________

I hereby authorize ___________________________________________ (OWNER OR APPLICANT’S NAME) to apply with my consent for a Sandwich Board Sign Permit for the above noted location. I authorize the applicant to present this application in my name as the owner of the property. I hereby authorize City Officials to enter my property to conduct relevant site inspections as deemed necessary to process the application. All information submitted and required as part of the approval process shall become public record. I, as the land owner, hereby CERTIFY THAT THE INFORMATION CONTAINED HERIN IS TRUE TO THE BEST OF MY KNOWLEDGE; AND BY ACCEPTING THIS permit, if approved, shall in every respect conform to the terms of this application and to the provisions of the Statutes and Ordinances regulating development in City of Elizabeth City. I agree to have the subject sign(s) constructed, erected, and/or altered in accordance with the State of North Carolina Building Code and any other applicable local ordinance requirements of the City of Elizabeth City. I acknowledge that I am aware that any VIOLATION of the terms above stated immediately REVOKES this Permit and violation of sign regulations will result in civil penalties of no less than $30.00 per day. If there are any questions, you may contact me at:

Street Address: ______________________________________________________

City/State/Zip Code: __________________________________________________

Phone Number: ______________________________________________________

Email Address: ______________________________________________________

Owner’s Signature: __________________________________________________

Sworn to and subscribed before me, this the _____ day of ____________, 20_____.

__________________________________________
Notary Public

My commission expires: ________________________ [SEAL]
SECTION D – WAIVER OF LIABILITY

I, _______________________________, (APPLICANT’S NAME), as owner of the business known as _______________________________, (NAME OF BUSINESS), located at ________________, (BUSINESS’ PHYSICAL ADDRESS), Elizabeth City, NC, do hereby indemnify and will hold harmless the City of Elizabeth City, its officers, employees, and assigns for any and all losses, claims, demands, and bodily injury or property damage, including the City’s reasonable attorneys fees, associated or related in any way to the sandwich board sign associated with the address listed above.

I also understand that the sandwich board sign shall not be relocated without permission from the City of Elizabeth City Department of Planning & Community Development Zoning Administrator; property owner; and amendment to this waiver.

________________________________________
SIGNATURE

________________________________________
TITLE

________________________________________
DATE

Please notarize the owner’s signature.

Sworn to and subscribed before me, this the _____ day of ____________, 20____.

________________________________________
Notary Public

My commission expires: ______________________