NEW HANOVER COUNTY DEPARTMENT OF BUILDING SAFETY 230 Government Center Dr. Suite 170 Telephone (910) 798-7308 Fax (910) 798-7060

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

(Office Use)

PLEASE PRINT CLEARLY & ANSWER ALL QUESTIONS "Project Responsibility"

APPLICANT'S NAME:		DATE: PHONE #:				
DEVELOPER:						
		: ZIP:				
OCCUPANT/BUSINESS NAM						
PROPERTY OWNER'S NAME						
OWNER'S ADDRESS:			CITY:		ST:	ZIP:
CONTRACTOR:			_ LICENSE #:			
ADDRESS:			CITY:		ST:	ZIP:
EMAIL ADDRESS:					PHONE #:	
PROJECT CONTACT PERSO	N:				PHONE #: _	
		(CHECK ALL	THAT APPLY)			
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DESCRIPTION OF WORK:						
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IS SIGN(S) ON OR OFF F	PREMISES? UN	0FF				
DISCLAIMER: I hereby certify that all i	information in this application	n is correct and all wor	k will comply with the	State Building Co	de and all other applica	ble State and local laws
and ordinances and regulations. The N contractor information. ***NOTE: Any N	· ·				•	•
contractor information. NOTE. 7thy	work renormed w/o the / p	propriate r crimo wiii	be in violation of the iv	vo oldic blug ool	ie und oubject to i med	ορ το φοσσ.σσ
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SHINGLE			CANO			
5/11/10022		WALL	CANO		0111ER	
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SIGN 2 Height:					SQ.FT. of Sig	
SIGN 3 Height:					SQ.FT. of Sig	
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TOTAL PROJECT COST:	\$ I	S THE PROPE	RTY LOCATED	IN A FLO	ODPLAIN?	Yes No
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*** SEPARATE	PERMITS REQUIRED	FOR ELECT, MEC	H, PLBG, GAS E	QUIP, PREFA	ABS & INSERTS *	**
PAYMENT METHOD:	CASH CHECK	(PAYABLE TO N	HC) AMER	CICAN EXPRES	SS MC/VIS	SA DISCOVE
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ZONE: OFFICER	•	•	USE ONLY)		REVISED DAT	E 3/30/12
ZONE: OFFICER:						F+_
Approval: City	y DATE:	FLUC	Α		DFE+21 N	·-
Comment:						