

**SIGN
PERMIT APPLICATION**
Fee: \$33.00
(Additional fees may apply)



Greg McCoy
(252) 639-7585
mccoyg@newbern-nc.org
Fax: (252) 636-2146

Applicant / Building Contractor:

Property Owner:

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

Legal relationship of applicant to property: _____

Electrical Contractor/if applicable:

Name _____ Title _____ License # _____

Property Information:

1. Business Name _____
2. Address of Property _____
3. Purpose of Permit _____
4. Zoning District _____ Lot Size _____ PLF _____ S.L.F. _____
5. Primary lot frontage _____ feet Secondary lot frontage _____ feet
Is lot presently or will lot be occupied by a shopping center with at least 3 attached units? YES / NO
6. Maximum allowable sign area: Wall _____ sq. ft. Free Standing _____ sq. ft.
Other _____ sq. ft. Total _____ sq. ft.
7. Existing Sign Area: Wall _____ sq. ft. Free Standing _____ sq. ft.
Other _____ sq. ft. Total _____ sq. ft.
8. Proposed Sign Dimension: Wall _____ sq. ft. Free Standing _____ sq. ft.
Other _____ sq. ft. Total _____ sq. ft.
9. Total Sign Area: Wall _____ sq. ft. Free Standing _____ sq. ft.
Other _____ sq. ft. Total _____ sq. ft.

Estimated total cost of project \$ _____

All requested information must be fully completed prior to submitting the application.
Attach the following: 1) Survey or site plan with dimensions of the building and lot
2) A sign plan with the dimensions and location of the sign message(s)
3) Detailed drawing of sign including footers with design professional seal.

I certify that the information provided is true to the best of my knowledge

Applicant Signature _____ Date _____

For a sign permit for areas other than in the Historic District, please direct questions to:

Greg McCoy, Land & Community Development Administrator

Phone: (252) 639-7585

Fax: (252) 636-2146

Email: mccoysg@newbern-nc.org

Zoning:	Approved []	Denied []	Use Class: _____
Staff Comments: _____			

Land & Community Development Administrator _____			
Date _____			

For a sign permit for the Historic District, please direct questions to:

HPC Administrator, City Planner

Phone: (252) 639-7583

Fax: (252) 636-2146

Email: HPCadmin@newbern-nc.org

Historic District:	Approved []	Denied []	Use Class: _____
Staff Comments: _____			

City Planner _____			
Date _____			

For a sign permit in relation to inspections, please direct questions to:

Janey Anderson, Office Assistant

Phone: (252) 639-7583

Historic District:	Approved []	Denied []	Use Class: _____
Staff Comments: _____			

Building Inspector _____			
Date _____			

City of New Bern Inspections Division

303 First Street—P.O. Box 1129
New Bern, NC 28563-1129

Phone: (252) 639-2941
Fax: (252) 635-4973

SIGN PERMIT & PLAN REVIEW APPLICATION

Date: _____
Owner's Name: _____ Address: _____
Telephone: _____ Fax: _____
Job Address: _____
Subdivision Name & Lot #: _____
Contractor: _____ License #: _____
Telephone: _____ Address: _____
Project Contact: _____ Telephone: _____
Description of work: _____

CLASSIFICATION OF WORK: *Please Circle*

New Building Addition Renovation Remodel Other: _____

TYPE OF CONSTRUCTION: I II III IV V

FIRE RATED SYSTEM: Yes / No **SPRINKLER SYSTEM:** Yes / No

OCCUPANCY TYPE: Assembly: A-1 A-2 A-3 A-4 A-5 Business Educational
Factory: F-1 F-2 Hazardous: H-1 H-2 H-3 H-4 H-5
Institutional: I-1 I-2 I-3 I-4 Mercantile Residential R-1 R-2 R-3 R-4
Storage: S-1 S-2 Utility Mixed Occupancy: *Please list* _____

BUILDING AREA: *Attach Plot Plan/Survey showing ALL dimensions and Flood Plain information*

Heated Area: _____ Sq. Ft. Number of Stories: _____ Building Height: _____
Unheated Area: _____ Sq. Ft. Mezzanine(s): 1 _____ 2 _____
Heated Area per Floor (sq. ft.): 1 _____ 2 _____ 3 _____ 4 _____
Existing Square Footage (if any): _____ LOT (Sq. ft.) _____ # of Units: _____

FLOOD PLAIN: YES _____ NO _____ PANEL #: _____

OF BEDROOMS: _____ **# OF BATHROOMS:** _____ **FIRE PLACE:** _____

OTHER AGENCY APPROVALS *(already obtained): Please Circle*

NC Department of Insurance	N/A	YES	NO
NC Department of Transportation	N/A	YES	NO
NC Department of Labor	N/A	YES	NO
Elevators (#) _____	Boilers (#) _____		

OTHER AGENCY APPROVALS continued (already obtained): *Please Circle*

NC Division of Coastal Management (CAMA)	N/A	YES	NO
Craven County Health Department	N/A	YES	NO
NC Division of Land Quality	N/A	YES	NO
Erosion Control Permit #: _____			
NC Division of Water Quality	N/A	YES	NO
Storm Water Permit #: _____			

UTILITIES: *Please Circle*

Water: Public Water System:	Name: _____	Private Well or Water System
Sewer: Public Sewer System:	Septic Tank or Private System	Health Dept. Approval: _____
Electricity: City of New Bern	Progress Energy	
Gas: Natural Gas	LP Gas	

ESTIMATED PROJECT CONSTRUCTION COST: _____

APPLICANT CERTIFICATION:

I certify that all information in this application is correct, and all work will comply with all applicable state codes, laws and local ordinances. Departure from the approved plans and specifications without prior approval may result in revocation of permit. I agree to provide the City of New Bern's Development Services Department "as built" plans as a condition of occupancy if actual construction differs from the original plans as approved.

Applicant Signature: _____ Date: _____

Building Inspector Signature: _____ Date: _____

Comments: _____

For Office Use:

Date Initial Application Received: (initial/date) _____ Note Flood Zone: _____

Other Department Approvals, if applicable:

[] Planning/Zoning Administrator Signature: _____ Date: _____

[] HPC Approval Signature: _____ Date: _____

[] Engineering: _____ Date: _____

[] Fire: _____ Date: _____

[] Public Works: _____ Date: _____

[] Electric: _____ Date: _____

Comments if applicable:

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE

N.C.G.S. 87-14

The undersigned application for Building Permit # _____ being the

_____ Contractor

_____ Owner

_____ Officer / Agent of the Contractor or Owner

Do hereby aver under the penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

_____ has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,

_____ has/have one or more subcontractor(s) and have obtained workers' compensation insurance covering them,

_____ has/have one or more subcontractor(s) who has/have their own policy of workmen's compensation covering themselves,

_____ has/have one or more than two (2) employees and no subcontractors,

while working on the project for which this permit is sought. It is understood that the Inspection Department issuing the permit may require certificates of coverage of workers' compensation insurance prior to issuance of the permit at any time during the permitted work from any person, firm or corporation carrying out the work.

Firm Name: _____

By: _____

Title: _____

Date: _____