

DORCHESTER COUNTY
SIGN PERMIT APPLICATION

Planning & Codes Enforcement Department
500 N. Main Street, Box 3
Summerville, SC 29483
Phone: (843) 832-0020
Email: rpappas@dorchestercountysc.gov

OFFICE USE ONLY:

Date Received: _____ **Staff:** _____

Permit ID Number: _____ **Project Number:** _____ **Total Fee:** _____

Instructions: Please complete both pages of the "sign permit application" and submit with all required documents to "apply online" at www.dorchestercountysc.gov. Once there, you will be re-directed to our Evolve system to create an account and password in order to complete the application process. Please be sure to upload this application with your drawings, etc... **Your application will be reviewed when submittal is complete.**

Applicant Name: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Fax: _____ Email: _____

Application is for: TEMPORARY SIGN PERMANENT SIGN

Applicant is the: Owner Lessee Sign Company Other: _____

Site Information

Address: _____ TMS#: _____

(Street address and city/town - Please include suite/unit number)

Business Name at Sign Location: _____ Business License No.: _____

Property Owner: _____

Sign Company/Builder

Company Name: _____ Business License No.: _____

Contact Name and Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Fax: _____ Email: _____

Contract price (for all signs included on this application): \$ _____

Number of signs to be installed: _____

(Please complete and attach Page 2 of this application for each sign to be installed.)

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(continued)

- 1: Type of sign: Free Standing Monument Façade/Wall Window Fence
- 2: Reason for Sign: New Replace Existing Reface existing
- 3: Square Feet of Wall where sign is being placed: _____
- 4: Square Feet of Floor Space being used: _____ Square Feet of Building: _____
- 5: Square Feet of Proposed Sign: _____ Number of Sign Faces: _____
- 6: Height at **TOP** of sign from grade: _____ Height at **BOTTOM** of sign from grade: _____
- 7: Number of existing Signs: _____ Total Square feet of existing signs: _____

Required Documents to be included with application:

- TWO COPIES of each:** **Color Rendering** of proposed sign
 Site Plan showing location
 Construction/ Attachment Details

I hereby acknowledge by my signature that the forgoing application is complete and accurate, and I am the owner of the subject property or an authorized representative of the owner. I authorize the subject property to be inspected. I understand that all fees are non-refundable.

Applicant Signature: _____ Date: _____

Print Name: _____

TEMPORARY SIGN APPLICANTS ONLY

I understand that this temporary sign permit allows the above signage for only one month per calendar year for the above-mentioned business and location. It is my responsibility to remove the sign after expiration of this permit. If illuminated, the light source will be stationary. In no way will the sign be located to obstruct motorists' vision.

Applicant Signature: _____ Date: _____

Planning Staff Use Only:

Approved Denied Deferred Notes: _____

Reviewed By: _____ Date: _____ Removal Date: _____

Building Services Staff Use Only:

Approved Denied Deferred Notes: _____

Reviewed by: _____ Date: _____