



Jackson County Planning Department
 401 Grindstaff Cove Road, Suite A-258
 Sylva, North Carolina 28779
 Phone (828) 631-2282 Fax (828) 631-2262

Sign Permit Number:
Date Received:
Date Approved:

Sign Permit Application

TO BE COMPLETED BY APPLICANT

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SECTION 1: OWNER AND PROPERTY INFORMATION (skip to section 2 if applying for a temporary sign permit)

Property Owner:	Property PIN:
Address:	Property Address:
City: State: Zip:	City: State: Zip:
Phone:	Email:

SECTION 2: BUSINESS / ORGANIZATION INFORMATION

Business / Organization Name:	
Address:	Contact Person:
City: State: Zip:	Contact Phone:
Business / Organization Phone:	Contact Email:
Business Use (Retail, Restaurant, Hotel, Office, Event type, Etc.):	

FOR OFFICE USE

Ordinance Jurisdiction:	
<input type="checkbox"/> 441 Corridor <input type="checkbox"/> Cashiers <input type="checkbox"/> Dillsboro <input type="checkbox"/> Forest Hills <input type="checkbox"/> Jackson County <input type="checkbox"/> Sylva <input type="checkbox"/> Webster	
Zoning District:	Building Type: <input type="checkbox"/> Stand-alone Building <input type="checkbox"/> Shopping Center
Sign 1: <input type="checkbox"/> Single sided <input type="checkbox"/> Double Sided Sign Size: Sign Type (Wall, Pole, Temp., Etc.): Sign 1 Fee:	
Sign 2: <input type="checkbox"/> Single sided <input type="checkbox"/> Double Sided Sign Size: Sign Type (Wall, Pole, Temp., Etc.): Sign 2 Fee:	
Sign 3: <input type="checkbox"/> Single sided <input type="checkbox"/> Double Sided Sign Size: Sign Type (Wall, Pole, Temp., Etc.): Sign 3 Fee:	
Sign 4: <input type="checkbox"/> Single sided <input type="checkbox"/> Double Sided Sign Size: Sign Type (Wall, Pole, Temp., Etc.): Sign 4 Fee:	
Sign Contractor: Contact Name: Phone:	Total Sign Permit Fee:

I affirm and certify that I understand and will comply with the provisions and regulations of any applicable Jackson County or District Ordinances. I further certify that the above statements and the statements and showings made in any paper or plans submitted herewith are true to the best of my knowledge and belief. Further, I understand that the application, attachments and fees become part of the Official Records of the Planning Department and are not returnable. I also recognize that if one or more deficiencies exist in the application, I will be notified of the deficient items, and the department shall take no further action on the application until the required information is submitted. I understand that misrepresentation of information contained within this application may be cause to void any development approvals associated with this application. It shall be the responsibility of the applicant to secure all approvals from the property owner prior to the construction and installation of any and all sign types and locations (on site).

Applicant's Signature:	Date:
Planning Department Approval Signature:	Date:

This document shall be considered a "Sign Permit" following the approval signature of the Planning Department.