



**SUMTER CITY-COUNTY
BUILDING INSPECTION DEPARTMENT
POST OFFICE BOX 1449 12 WEST LIBERTY STREET
SUMTER, SC 29151 (803) 774-1600**



SIGN PERMIT APPLICATION

Permit Number _____

Jurisdiction City County Mayesville Pinewood

Applicant _____
Name Phone

Applicant's Address _____
Street City State Zip

Owner _____ **Business Name** _____
Name Phone

Owner's Address _____
Street City State Zip

Contractor _____
Name Phone

Contractor's Address _____
Street City State Zip

Contractor's License Number _____ **Estimated Cost** \$ _____

Square Feet of Sign _____ **Property Address** _____

Tax Map _____ **Front Wall Dimensions (Width & Height)** _____

Linear Ft. of Property Frontage _____ **Building Square Footage** _____
Illuminated Yes No Illuminated Electrical Permit Application Required
 Existing

Existing Signs **Number** _____ **Type** _____ **Size** _____

Nature of Work Change Face of Sign Only Alterations Repair New Construction

Type of Sign Free-Standing (On-Premise Business ID) Wall or Flat Roof Projecting
 Free-Standing (Billboard) Awning Marquee Other

Construction Type Wood Frame Steel Frame Brick Block Other
Does this sign have flashing lights/changes, messages, etc.? Yes No

**Note: 4 On-premise, free-standing business identification signs shall not exceed 30 feet in height.
4 Off-premise, free-standing signs shall not exceed 35 feet in height (100 feet within 600 feet of I-95)
or be located closer than 10 feet to any property line.**

**Note: The Acceptance of this application for review and the payment of fees does not constitute the approval of this application. Approval is granted only upon the receipt of a permit. THIS APPLICATION IS NOT A PERMIT.
The above statements and accompanying material are complete and accurate.**

Print Name _____ **Signature** _____ **Date** _____

OFFICE USE ONLY:

Permit Fee _____ **Zoning District** _____

Tax Map Number _____ **SIC Code** _____

Minimum Setbacks Front _____ Rear _____

Side (E) _____ Side (I) _____

Street Right-of Way _____

Flood Hazard Area Yes No **Base Flood Elevation** _____

Overlay District HP/CBD APZ DNL NA (Noise Attenuation) Swan Lake RCD None

Cross Street Info. Between _____ and _____ Street

Zoning Compliance Checklist:

- | | | |
|--|-----------------------------------|-------------------------------------|
| Meets Minimum Setbacks Required | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Within Maximum Size Allowed: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Within Maximum Height Allowed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Meets Visual Clearance Required | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sign Illumination | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (If Yes) | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |
| Electrical Connection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (If Yes) | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |
| Landscaping Required | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (If Yes) | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |

Comments _____

Planning Official: _____ **Building Official:** _____

Print Name

Signature

Date

Drawing of Sign

(Include Height and Dimensions, Foundation Drawings, or Footing Dimensions of Sign)