

TOWN OF ATLANTIC BEACH
PLANNING & ZONING DEPARTMENT
125 West Fort Macon Road, Atlantic Beach, NC 28512 (252) 726-4456

Permanent Sign Application

Upon completion, this form may be returned to the UDO Administrator by faxing a signed copy to (252) 727-7043, delivering it to 125 West Fort Macon Road or mailing the application to PO Box 10, Atlantic Beach, NC, 28512. A copy of an approved permit will be provided to you when all fees have been paid in accordance with the current adopted fee schedule.

APPLICANT INFORMATION:

Name of Applicant: _____
Mailing Address: _____
E-mail Address: _____
Telephone Number: _____
Fax Number: _____

OWNER INFORMATION:

Name of Owner: _____
Mailing Address: _____
E-mail Address: _____
Telephone Number: _____
Fax Number: _____

SIGN INFORMATION:

Address of proposed sign: _____
Zoning district of proposed sign: _____
PIN number of proposed sign: _____
Square footage of sign: _____
Sign materials: _____
Height of sign: _____
Method of Illumination: _____

*****Applicant is required to attach a mock-up of the proposed sign including dimensions and for free-standing signs a diagram demonstrating the location of the sign in relation to any adjacent buildings of Right of Way lines. No sign will be approved unless it meets all requirements set forth in the Town of Atlantic Beach Unified Development Ordinance Article 11. In some instances a building permit, an electrical permit or approval from NC DOT may be necessary in conjunction with this permit.**

Applicant Signature

UDO Administrator

Date
Approved on: _____
Denied on: _____

NOTES, SPECIAL REQUIREMENTS OR CONDITIONS:

