



# Town of Carthage

4396 Hwy 15/501 ♦ Carthage, NC 28327

Phone: 910.947.2331 ♦ Fax: 910.947.3079

[www.TownofCarthage.org](http://www.TownofCarthage.org)

Fee: \$ \_\_\_\_\_

Email Completed Form to: [planning@townofcarthage.org](mailto:planning@townofcarthage.org)

## Sign Permit Application

Applicant's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Applicant's Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

*The address for the proposed project is (if other than above):* \_\_\_\_\_

This is to certify that \_\_\_\_\_ has applied to the Town of Carthage for a development permit to do one of the following and by signing take full responsibility for further action, if needed, for a building inspection from Moore County or any other permits:

- Install ground mounted sign
- Install a building sign
- Install a temporary sign
- Install a window sign
- Install a different type of sign

Please describe the sign below. Include all measurements necessary as described in our UDO Ordinance section 100.59:

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***\*Additional space for drawing or site plan is on the following page. The applicant must produce all measurement necessary. The applicant may also be required to provide images of the sign by the Development Administrator.***

**Each application MUST be accompanied by a SITE PLAN or DRAWING to include specific information regarding the following:**

- Height of the proposed and/or existing sign.
- ALL measurements of sign.
- Setbacks of sign from property lines.

A large, empty rectangular box with a thin black border, occupying the lower two-thirds of the page. It is intended for a site plan or drawing as specified in the text above.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner/Authorized Rep. Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Development Administrator Comments:

\_\_\_\_\_  
\_\_\_\_\_

Parcel ID: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Zoning Classification:  CZ       RA-40    R-20     R-10    RM-10     RM-H    R-HD

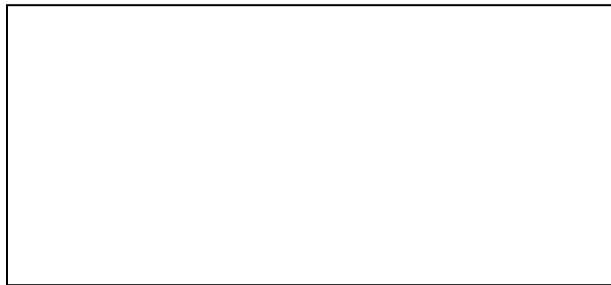
CBD    B2    TBD    HCD    AP    SR     I

Required Setbacks:              Front: \_\_\_\_\_              Side: \_\_\_\_\_              Rear: \_\_\_\_\_

   Corner: \_\_\_\_\_              Max Height: \_\_\_\_\_

**Based upon the provided information, a Development Permit is granted this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by the Authority of the DEVELOPMENT Administrator of the Town of Carthage, NC.**

**Stamp of Approval or Denial**



\_\_\_\_\_  
Town of Carthage Development Administrator

\_\_\_\_\_  
Date