



# City of Locust

Post Office Box 190  
Locust, NC 28097-0190  
(704) 888-5260  
Fax (704) 888-1566

Planning and Zoning  
Department

## APPLICATION FOR SIGN PERMIT

Company Name: \_\_\_\_\_

Manager/President \_\_\_\_\_

Location Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Property Owner \_\_\_\_\_  
(If different from applicant)

Owner Address: \_\_\_\_\_  
\_\_\_\_\_

Zone: \_\_\_\_\_

Inside City Limits: \_\_\_\_\_ In Extraterritorial Jurisdiction: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

A site plat plan is required showing accurate placement of the proposed sign, written Description or sketch photo, with dimensions and content. For wall signs, dimensions of the building wall on which the sign is to be affixed and the location and size of existing wall signs shall also be included.