

**SIGN  
PERMIT APPLICATION**  
**Fee: \$33.00**  
**(Additional fees may apply)**



**Seth Laughlin**  
**(252) 639-7582**  
**Fax: (252) 636-2146**  
**LaughlinS@newbernncc.gov**  
**303 First Street**  
**New Bern, NC 28560**

Date: \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Job Address: \_\_\_\_\_  
 Applicant : \_\_\_\_\_ License #: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Address: \_\_\_\_\_  
 Project Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Legal relationship of applicant to property: \_\_\_\_\_  
**Description of work:** \_\_\_\_\_

**Property Information:**

1. Business Name \_\_\_\_\_  
 2. Address of Property \_\_\_\_\_  
 3. Purpose of Permit \_\_\_\_\_  
 4. Primary lot frontage \_\_\_\_\_ feet Secondary lot frontage \_\_\_\_\_ feet  
 Is lot presently or will lot be occupied by a shopping center with at least 3 attached units? YES / NO  
 5. Maximum allowable sign area: Wall \_\_\_\_\_ sq. ft. Free Standing \_\_\_\_\_ sq. ft.  
 Other \_\_\_\_\_ sq. ft. Total \_\_\_\_\_ sq. ft.  
 6. Existing Sign Area: Wall \_\_\_\_\_ sq. ft. Free Standing \_\_\_\_\_ sq. ft.  
 Other \_\_\_\_\_ sq. ft. Total \_\_\_\_\_ sq. ft.  
 7. Proposed Sign Dimension: Wall \_\_\_\_\_ sq. ft. Free Standing \_\_\_\_\_ sq. ft.  
 Other \_\_\_\_\_ sq. ft. Total \_\_\_\_\_ sq. ft.  
 8. Total Sign Area: Wall \_\_\_\_\_ sq. ft. Free Standing \_\_\_\_\_ sq. ft.  
 Other \_\_\_\_\_ sq. ft. Total \_\_\_\_\_ sq. ft.

**All requested information must be fully completed prior to submitting the application.**  
**Attach the following:** 1) Survey or site plan with dimensions of the building and lot  
 2) A sign plan with the dimensions and location of the sign message(s)  
 3) Detailed drawing of sign including footers with design professional seal.

*I certify that the information provided is true to the best of my knowledge*

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

Estimated total cost of project \$ \_\_\_\_\_

**Sign Permit Fee Schedule**

Building permit -based on sign value  
\$1 - \$500 = \$65 (+ \$17 Compliance Fee)  
\$501 - \$1,000 = \$75 (+ \$17 Compliance Fee)  
\$1,001 - \$5,000 = \$86 (+ \$17 Compliance Fee)  
\$5,001 - \$10,000 = \$97 (+ \$17 Compliance Fee)  
Over \$10,000 = \$107 (+ \$17 Compliance Fee)  
Shopping center master \$214 (+ \$17 Compliance Fee)  
Temporary, permanent \$33 (Additional fees may apply)

**\*Note: An Engineer's seal is required for all signs.**

**\*Note: All electric signs must have an electrical permit.**

**Electrical Contractor Information:**

Name \_\_\_\_\_ Title \_\_\_\_\_ License # \_\_\_\_\_

**For a sign permit for areas other than in the Historic District, please direct questions to:**

Seth Laughlin, Land & Community Development Administrator  
Phone: (252) 639-7582  
Fax: (252) 636-2146  
Email: LaughlinS@newbernnc.gov

<b>Zoning:</b> Approved [ ]    Denied [ ]    HPC [ ]                      Use Class: _____
Staff Comments: _____ _____ _____
Land & Community Development Administrator _____ Date _____

**For a sign permit in relation to inspections, please direct questions to:**

Janey Anderson, Office Assistant  
Phone: (252) 639-2942  
Fax: (252) 636-2146  
Email: andersonj@newbernnc.gov

<b>Inspections:</b> Approved [ ]                      Denied [ ]                      Use Class: _____
Staff Comments: _____ _____ _____
Building Inspector _____                      Date _____

# AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE

## N.C.G.S. 87-14

The undersigned application for Building Permit # \_\_\_\_\_ being the

- \_\_\_\_\_ Contractor
- \_\_\_\_\_ Owner
- \_\_\_\_\_ Officer / Agent of the Contractor or Owner

Do hereby aver under the penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- \_\_\_\_\_ has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,
- \_\_\_\_\_ has/have one or more subcontractor(s) and have obtained workers' compensation insurance covering them,
- \_\_\_\_\_ has/have one or more subcontractor(s) who has/have their own policy of workmen's compensation covering themselves,
- \_\_\_\_\_ has/have one or more than two (2) employees and no subcontractors,

while working on the project for which this permit is sought. It is understood that the Inspection Department issuing the permit may require certificates of coverage of workers' compensation insurance prior to issuance of the permit at any time during the permitted work from any person, firm or corporation carrying out the work.

Firm Name: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

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