

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 _____

Tax ID # _____ Pin # _____

Mailing Address _____

Property Owner _____

(If different from applicant)

Owner Address: _____

Phone Number: _____

Zone: _____

Inside City Limits: _____ In Extraterritorial Jurisdiction: _____

Signature: _____

Date: _____

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.