



TOWN OF MONTREAT

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SIGN PERMIT APPLICATION

(PLEASE TYPE OR PRINT IN INK)

DATE: _____

NAME OF APPLICANT: _____

ADDRESS: _____

NAME OF BUSINESS
(GROUP/ORGANIZATION): _____

ADDRESS: _____

TYPE OF SIGN: _____

ILLUMINATED: _____ YES _____ NO

SIGN LOCATION: _____

PLEASE DRAW A SIMPLE SKETCH BELOW (OR ATTACH DRAWING) SHOWING DESIGN AND SIZE OF SIGN, INCLUDING BORDER AND HEIGHT.

(OVER)

**PLEASE DRAW A SIMPLE SKETCH BELOW (OR ATTACH DRAWING) SHOWING
SIGN LOCATION AND SETBACKS, INCLUDING LOCATION OF ROADS AND
BUILDINGS.**



SIGNATURE

(FOR OFFICE USE ONLY)

PMT DATE:	_____	PERMIT NO.:	_____
AMT. PAID:	_____	CHECK NO:	_____
APPROVED BY:	_____		
INSPECTED BY:	_____		