



## PLANNING & COMMUNITY DEVELOPMENT



P.O. Box 905  
1048 Carriage Oaks Drive  
Carthage, NC 28327  
Planning: 910.947.5010  
Central Permitting: 910.947.2221  
Fax: 910.947.1303  
[www.moorecountync.gov](http://www.moorecountync.gov)

### EXTERNAL CHECKLIST FOR SIGN PERMIT APPLICATIONS

- Completed Miscellaneous Sign Permit Application. Applications are found within our department, Planning and Community Development located at 1048 Carriage Oaks Drive, Carthage, NC 28327, or on line at [www.moorecountync.gov](http://www.moorecountync.gov), Department, Planning & Zoning, Applications. If you would like to speak with someone concerning the sign permit application our telephone number is 910-947-5010 or 910-947-2221.
- A completed plot plan included within the sign permit application. The purpose of the plot plan is to clearly identify where the proposed and existing signs are / will be located on the property. The plot plan shall identify the sign distances measured to all property lines.
- One (1) set of plans detailing the footing size and depth along with the basic wind speed and snow load. Depending on the overall size of the sign a sealed set of drawings may be required. One (1) set of drawings detailing the lettering and or artwork on the sign along with the colors and sizing of the lettering and or artwork.
- A zoning permit may be required if the subject property is located within one of the following municipalities or their ETJ.
  - Cameron: 910-245-3212
  - Carthage: 910-947-2331
  - Foxfire: 910-295-5107
  - Robbins: 910-948-2431
  - Taylor Town: 910-295-4010
  - Vass: 910-245-4676
  - Whispering Pines: 910-949-3141



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| Miscellaneous Permit Application                                                                                                                                                                                                                                                                                                                                                                                                            |  |                         |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|---------------|
| Application Date:                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                         |               |
| Location/Address of Property:                                                                                                                                                                                                                                                                                                                                                                                                               |  |                         |               |
| Description of Proposed Work: _____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                       |  |                         |               |
| Applicant:                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Phone:                  |               |
| Owner:                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Phone:                  |               |
| Owner Address:                                                                                                                                                                                                                                                                                                                                                                                                                              |  | City                    | St:      Zip: |
| <b>Type of Permit:</b> <input type="checkbox"/> ATF <input type="checkbox"/> Day Care <input type="checkbox"/> Group/Therapeutic Home <input type="checkbox"/> Bulkhead/Dock <input type="checkbox"/> Sign(s)<br><input type="checkbox"/> ABC <input type="checkbox"/> Demolition <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Other: _____                                                                              |  |                         |               |
| If the project is a bulkhead or dock please list the estimated cost of the project                                                                                                                                                                                                                                                                                                                                                          |  | Total Estimated Cost \$ |               |
| Please list the names of the contractors who will be performing the work for this project. If the work will be performed by the owner just write owner or self in the name field. Please put N/A in any fields that are not applicable to the project.                                                                                                                                                                                      |  |                         |               |
| General Contractor:                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Phone:                  | License:      |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | City                    | St      Zip   |
| Electrical Contractor:                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Phone:                  | License:      |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | City                    | St      Zip   |
| Design Professional:                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Phone:                  | License:      |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | City                    | St      Zip   |
| Pool Contractor:                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Phone:                  | License:      |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | City                    | St      Zip   |
| I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws, ordinances and regulations. The Inspection Department will be notified of any changes in the approval plans and specifications for the project permitted herein. I understand if this application is incomplete, no inspections will be performed on the project. |  |                         |               |
| Owner/Agent Signature: _____                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         | Date: _____   |