



# County of Moore Planning and Transportation

Inspections/Permitting: (910) 947-2221

Planning: (910) 947-5010

Transportation: (910) 947-3389

Fax: (910) 947-1303



## EXTERNAL CHECKLIST FOR SIGN PERMIT APPLICATIONS

- Completed Miscellaneous Sign Permit Application. Applications are found within our department, Planning and Transportation located at 1048 Carriage Oaks Drive, Carthage, NC 28327, or on line at [www.moorecountync.gov](http://www.moorecountync.gov), Department, Planning & Transportation, 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	Taylor Town: 910-295-4010
Carthage: 910-947-2331	Vass: 910-245-4676
Foxfire: 910-295-5107	Whispering Pines: 910-949-3141
Robbins: 910-948-2431	



# County of Moore Planning and Transportation

Inspections/Permitting: (910) 947-2221  
 Planning: (910) 947-5010  
 Transportation: (910) 947-3389  
 Fax: (910) 947-1303



<b>Miscellaneous Permit Application</b>			
Application Date: _____			
Location/Address of Property: _____			
Description of Proposed Work: _____ _____ _____			
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) <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: _____