

**SIGN PERMIT  
APPLICATION**



**Planning Department**  
101 Sharpe Avenue or PO Box 987  
Union, South Carolina 29379  
Phone: 864.429.1720  
FAX: 862.429.1686

Name of Business: \_\_\_\_\_

Applicant (Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Owner [if different]: \_\_\_\_\_

Tax Parcel ID: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Cost of Job: \_\_\_\_\_

Building Façade Dimensions: Front \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Rear \_\_\_\_\_

Flush-mounted Sign Dimensions: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Area: \_\_\_\_\_

Freestanding Sign Dimensions: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Area: \_\_\_\_\_ Height: \_\_\_\_\_

**Certifications:** The applicant certifies information on this application is true and correct. If any information is false or misleading, the zoning permit shall be considered void. Applicant also attests that there are no recorded deed restrictions or restrictive covenants that apply to this property which are contrary to, conflict with, or prohibit the permitted activity being requested.

**Applicant also agrees to the conditions in the City of Union Zoning Code.**

Signature of Applicant: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**FOR OFFICE USE ONLY**

*If incomplete, returned:* \_\_\_\_\_

Date Filed: \_\_\_\_\_ [ ] Fee Paid/ Receipt#: \_\_\_\_\_

Proposed Use is: [ ] Permitted [ ] Special Exception [ ] Prohibited [ ] Same Use [ ] Change of Use

Sign Permit is: [ ] Approved [ ] Denied [ ] Temporary

[ ] Forms/Docs Attached: \_\_\_\_\_

Comments: \_\_\_\_\_

Zoning Administrator/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

This Sign Permit is issued in accordance with Section 114 of the City of Union Zoning Code. If a request is denied, the applicant has the right to appeal within 15 days of this determination. Appeal forms are available in the Planning Department of the City of Union, 101 Sharpe Avenue, Union, South Carolina. Phone 864.429.1720 Fax 864.429.1686 (01/14)