SIGN PERMIT APPLICATION
DARLINGTON COUNTY BUILDING/CODES ENFORCEMENT
PHONE 843-398-4011  FAX 843-398-4072

OWNER:__________________________________________ DATE:_______________

E911 ADDRESS:_________________________________________________________

TAX MAP#:_____________________________________________________________

SIGN TYPE:
[  ] FREESTANDING  [  ] WALL PROJECTING  [  ] WALL PARALLEL
[  ] ROOF   [  ] MARQUEE  [  ] ON-PREMISES
[  ] OFF PREMISES  [  ] INTERNALLY LIT  [  ] EXTERNALLY LIT

HEIGHT: FINISHED GRADE TO TOP OF SIGN (FT.)_______ WIDTH: (FT.)_______

ESTIMATED START DATE:_______       ESTIMATED COMPETION DATE:_______

VALUATION: $_________________________________

NOTE:   THREE COPIES OF SEALED PLANS MAY BE REQUIRED.

DESCRIPTION OF WORK :
____________________________________________________
____________________________________________________

1. Work requiring a permit shall not commence until the permit holder or his agent posts the permit card in a conspicuous place on the premises.
2. Permit is void if job is not started in six months from date of issuance.
3. The undersigned owner or agent understands that approval of this application does not constitute a privilege to violate any applicable government ordinances, codes or laws, and that any omission of or misrepresentation of fact with or without intention of the undersigned or any alteration or change from this application, shall constitute grounds for the revocation of any permit issued which was based on the approval of this application.
4. Contractor is responsible to notify DHEC and public utilities prior to the commencement of demolition.

[  ] CONTRACTOR  [  ] OWNER             PHONE

ADDRESS

SIGNATURE                      SC STATE LICENSE #

[  ] APPROVED  [  ] DENIED   APPROVED BY:_________________________________