Sign Permit Application

Business Name
______________________________________________________________________________

Street Address of Proposed Sign
________________________________________________________________

Tax Map Number ___________________________________ County: ☐ Greenville  ☐ Spartanburg

County:

Total Number of Signs ______________________

Type of proposed sign(s):
☐ Freestanding # ______  ☐ Façade / Canopy # ______  ☐ Temporary (30 days only) # _______
(All require Footing Inspections)
☐ Other ___________________________________________ #___________

Total cost of the proposed sign(s) and installation (contract amount) $_________________

Provide the following supporting materials for a complete submittal:
• A scaled drawing, including dimensions, of the sign.
• A scaled site plan of the property, indicating property lines, location and setbacks from property lines to proposed sign, sight triangles at street/driveway intersections, and any existing signs.
• Check for overhead utilities, where applicable.
• Submit footing, foundations and mounting details, where applicable. For monument signs, please submit a Commercial Building Permit Application from a General Contractor with a BD classification.
• For a projecting sign, the distance from the bottom of the sign to the ground.
• For signs 12 feet or taller, drawings sealed by a South Carolina registered engineer are required.

Some additional items are needed before a Sign Permit can be issued:
• For signs with electrical components, an electrical permit is required. Please consult the Building Staff.
• For signs within the Historic District, please consult the Planning Staff.

Signs may require multiple inspections. All signs must have a final inspection by the Planning & Zoning Staff. To schedule inspections email inspections@cityofgreer.org or call 864-968-7029.

Fees for this application vary and are due at the time the permit is issued. Please view the fee schedule at www.cityofgreer.org. Double permit fees will be charged if ANY work is started without a permit.

Signature ___________________________  Print Name ___________________________

Date ________________________________

Tenant Information
Name of Tenant __________________________
Contact Number __________________________
Email ________________________________

Contractor Information
Name of Contractor __________________________
Contact Number __________________________
Email ________________________________

See Reverse
OFFICE USE ONLY

Zoning District ____________ Requires Variance ____________ Historic District ____________

Size:
Height ______ Sq. Ft. of Face ______ Sq. Ft. of Façade ______

Setbacks from ROW __________________________

Staff Reviewed ____________________________ Date __________________________