



Temporary Sign Permit Application

Development Services
112 Goldsboro Street E., Wilson, NC 27893
PO Box 10, Wilson, NC 27894
252-399-2220
www.wilsonnc.org

Permit No.: _____

Date Issued: _____

PIN: _____

Zoning Classification: _____

Approved

Disapproved

Business Name: _____

Address: _____

Mailing Address: _____

Phone: _____

Email: _____

Location of proposed temporary sign: _____

Type of proposed sign:

Banner Freestanding

Portable

Display surface area of sign:

Height: _____ ft. _____ in.

Width: _____ ft. _____ in.

Building frontage: _____ ft.

Lot frontage: _____ ft.

How long will sign be used?: _____

Will the sign be illuminated?: Yes No

Sign material: _____

Wording of sign: _____

Please Note: No sign shall be displayed before permit is approved. All signs must be located on private property, out of the sight distance triangle, and out of the public right of way. No signs are allowed to be attached to utility poles or street signs. No illuminated temporary sign may have flashing or intermittent lights.

The undersigned certifies that the above statements are true to the best of his/her knowledge and belief. By signing this application, the applicant agrees that if this application is approved, the sign will conform in every detail with the requirements of the North Carolina State Building Code and the ordinances of the City of Wilson relative to advertising signs.

Signature

Date

Zoning Approval: _____

Date: _____

Inspector Approval: _____

Date: _____

Permit Expiration Date: _____