Greenwood City/County Planning Department

528 Monument Street Room, B-01
Greenwood, South Carolina 29646

Phone: 864.942.8636
Fax: 864.942.8571

PERMANENT SIGN PERMIT APPLICATION

ZONING COMPLIANCE

Applicant: ☐ Owner ☐ Agent

Mailing Address:

Contact Person: Telephone: Email Address:

Property Owner:

Property Owner Addres

Sign Location: City or County Zoning District: G-PIN:

Address Number Street Name: City: State: Zip Code:

Business Name

Category of Sign (s) - No. of Each: Wall: Freestanding: Directional: Home Occupation:

Sign Dimensions (In Square Feet): Wall: Freestanding: Directional: Home Occupation:

Wall Dimensions - In Square Feet (Wall signs in County ONLY):

Building/Store Frontage - In Linear Feet (Wall signs in City ONLY):

Sign Height: Sign Clearance: Setbacks:

Type of Sign: ☐ On-Site ☐ Off-site LED Sign: ☐ Yes ☐ No Lighted Sign: ☐ Yes ☐ No

Total Cost of Work: Site Plan Submitted ☐ Yes ☐ No Date Site Plan Submitted:

Variance (s) (If Any): Date Variance (s) Approved:

Conditions (If any) Label Number:

I HEREBY MAKE APPLICATION FOR A ZONING COMPLIANCE CERTIFICATE FOR THE SIGN (S) DESCRIBED ABOVE AND TO BE LOCATED AS SHOWN ON THE ATTACHED SITE PLAN. ALL STATEMENTS CONTAINED HEREIN ARE TRUE AND HAVE BEEN VERIFIED BY ME. I UNDERSTAND THAT THE OMISSION OR MISREPRESENTATION OF ANY FACTS CONTAINED HEREIN MAY BE CAUSE FOR THE IMMEDIATE REVOCATION OF THIS PERMIT. I FURTHER UNDERSTAND THAT THE ISSUANCE OF THIS PERMIT DOES NOT IMPLY APPROVAL OF, OR CONSTITUTE A PRIVILEGE TO VIOLATE, ANY OTHER STATE OR LOCAL ORDINANCES, CODES, OR LAWS, OR PRIVATE RESTRICTIVE COVENANTS. I HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF THE ZONING STANDARDS PERTAINING TO THE ISSUANCE OF THIS PERMIT AND THAT ALL CONSTRUCTION MUST BE IN ACCORDANCE WITH THESE REQUIREMENTS. I AGREE TO PERMANENTLY AFFIX THE PROVIDED SIGN LABEL TO THE PERMITTED SIGN WHERE IT CAN BE EASILY SEEN.

Name of Applicant: Application Date:

Applicant Signature: Date:

THE LOCATION AND OTHER CONSTRUCTION REQUIREMENTS OF THE SIGN (S) AS DESCRIBED ABOVE CONFORMS TO THE CURRENT REQUIREMENTS OF THE GREENWOOD CITY/COUNTY ZONING ORDINANCE, SUBJECT TO THE STATED CONDITIONS, RESTRICTIONS, AND LIMITATIONS.

Name of Staff: Permit Issue Date:

Staff Signature: Date: