



WHAT YOU WILL NEED FOR A SIGN PERMIT

1. Completely fill out the sign permit application (see directions)
2. Provide the sign company information (the company making the sign)
3. Provide a copy of a deed showing ownership of the property (Warranty , Quit Claim, or survivorship Deed)
4. Provide the property map and parcel number
5. Provide Sign Design Sheet that includes measurements and square footage of proposed signs

**CITY OF BLUE RIDGE PLANNING COMMISSION
BUILDING AND/OR GRADING PERMIT APPLICATION**

IMPORTANT - Complete ALL items. Mark boxes where applicable.

I. LOCATION OF BUILDING		Number and street		Subdivision	Lot	Block	Census tract
N S		N S					
E W side of		E W		from intersection of			
<small>(Other local geographic, political, or legal subdivision identification)</small>							
II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D							
A. TYPE OF IMPROVEMENT		D. PROPOSED USE - For "Wrecking" most recent use		Non-Residential			
1 <input type="checkbox"/> New building		12 <input type="checkbox"/> One family		18 <input type="checkbox"/> Amusement, recreational			
2 <input type="checkbox"/> Addition (if residential, enter number of new housing units added, if any (Part D, 13))		13 <input type="checkbox"/> Two or more family - Enter number of units		19 <input type="checkbox"/> Church, other religious			
3 <input type="checkbox"/> Alteration (See 2 above)		14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units		20 <input type="checkbox"/> Industrial			
4 <input type="checkbox"/> Repair/replacement		15 <input type="checkbox"/> Garage		21 <input type="checkbox"/> Parking garage			
5 <input type="checkbox"/> Wrecking (if multifamily residential, enter number of units in building in Part D, 13)		16 <input type="checkbox"/> Carport		22 <input type="checkbox"/> Service stations, repair garage			
6 <input type="checkbox"/> Moving (indication)		17 <input type="checkbox"/> Other - Specify _____		23 <input type="checkbox"/> Hospital, institutional			
7 <input type="checkbox"/> Foundation only				24 <input type="checkbox"/> Office, bank, professional			
				25 <input type="checkbox"/> Public utility			
				26 <input type="checkbox"/> School, library, other educational			
				27 <input type="checkbox"/> Stores - mercantile			
				28 <input type="checkbox"/> Tanks, towers			
				29 <input type="checkbox"/> Other - Specify _____			
B. OWNERSHIP							
8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)							
9 <input type="checkbox"/> Public (Federal, State or local government)							
C. COST							
10. Cost of improvement to be installed but not included in the above cost		11. TOTAL COST OF IMPROVEMENT \$					
a. Electrical							
b. Plumbing							
c. Heating, air conditioning							
d. Other (elevator, etc.)							
III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete parts E - L. For wrecking, complete only Part J. For all others, skip to IV.							
E. PRINCIPAL TYPE OF FRAME		G. TYPE OF SEWAGE DISPOSAL		J. DIMENSIONS			
30 <input type="checkbox"/> Masonry (brick/stone)		40 <input type="checkbox"/> Public or private company		48 Number of stories			
31 <input type="checkbox"/> Wood Frame		41 <input type="checkbox"/> Individual (septic tank, etc.)		49 Total square feet of floor area all floors, based on exterior dimensions			
32 <input type="checkbox"/> Structural steel		H. TYPE OF WATER SUPPLY		50 Total land area, sq. ft.			
33 <input type="checkbox"/> Reinforced concrete		42 <input type="checkbox"/> Public or private company		51 Enclosed			
34 <input type="checkbox"/> Other - Specify _____		43 <input type="checkbox"/> Individual (well, cistern)		52 Outdoors			
		I. TYPE OF MECHANICAL		L. RESIDENTIAL BUILDINGS ONLY			
		Will there be central air conditioning?		53 Number of bedrooms			
		44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No		54 Number of bathrooms			
		Will there be an elevator?		Full			
		46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No		Partial			
IV. IDENTIFICATION - To be completed by all applicants							
1. Owner		Name		Mailing address - Number, street, city, and state		Zip code	
2. Contractor		Name		Mailing address - Number, street, city, and state		Zip code	
3. Architect		Name		Mailing address - Number, street, city, and state		Zip code	
The owner of this building and the undersigned agree to conform to all applicable laws of CITY OF BLUE RIDGE.							
Signature of applicant		Address		Application date			
DO NOT WRITE IN THIS SPACE - FOR OFFICE USE							
Approved by		Permit fee \$		Date permit issued		Permit number	
Approved:		Rejected - Reason:					
Building Inspector		White - Building Inspector / Yellow - Client / Pink - City Clerk					

- 1) **Location:** Provide the physical address of where the proposed sign will be placed upon approval
- 2) **Proposed Use:** What is the property zoned (Residential or Non-Residential) and what is the proposed use of the property?
- 3) **Non-Residential:** This section must be filled out regardless of zoning. In this space please provide the following information: a) how many signs are proposed, b) the type of each sign (wall, ground, window, roof, pole, etc.) If you are unsure refer to Article 17 that is attached. c) provide the square footage and measurements of each sign proposed
- 4) **Owner:** Provide the property owners information
- 5) **Contractor:** Provide the property owners information
- 6) **Signature of applicant:** Application must be signed by the property owner. If this is not possible, see information below.

- The property owner must sign the permit application. If this is not possible, the property owner must give written consent addressed to the City of Blue Ridge.
- Payment is expected at the time of application. Your check should be made payable to the City of Blue Ridge. We do not accept Credit or Debit Cards.
- No signs should be placed without an approved sign permit. A receipt is not a permit.

*Zoning Ordinance Section 21.3 allows up to a twenty (20) day review period, please plan accordingly