

Craig County Sign Permit Application		Application # _____	
P.O. Box 308		<b>ELECTRICAL PERMIT (circle)</b>	
108 Court Street	Phone: 540-864-5010	If sign will be illuminated then Electrical Permit Required	
New Castle, VA 24127	Fax: 540-864-5590		
Date of Application: _____		Repair	
		New Service	
		Number of Amps:	
<b>PERMIT TYPE (circle)</b>			
New Sign	Existing Sign (Alteration)	Cost:	\$ _____
<b>ZONING INFORMATION (Feet from Property Line)</b>			
<b>CATEGORY OF CONSTRUCTION (circle)</b>			
Residential	Commercial	Front side	
<b>SCOPE OF WORK (Describe briefly)</b>		Back side	
		Left side	
		Right side	
		Cost	\$ _____
<b>SIGN DIMENSIONS example 5 X 6 = 30 sq ft.</b>			
<b>JOB SITE INFORMATION</b>		X	Sq. Feet
E-911- Address:		X	Sq. Feet
City/State/Zip:		X	Sq. Feet
Apt # or Suite #			
Development /Project Name		Cost	\$ _____
Tax map / parcel #			
<b>PROPERTY OWNER</b>			
Name			
Address			
City/St/Zip			
Phone			
Cell			
<b>APPLICANT (if other than owner)</b>			
Business Name:		<b>ATTACH A DRAWING OF SIGN</b>  <b>INCLUDE DISTANCE FROM LOT OR PROPERTY LINES</b>  <b>SHOW NEAREST ROADS, BUILDINGS, DRIVEWAYS ETC.</b>	
Applicant name:			
Address:			
City/State/Zip			
Phone # ( )	Fax # ( )		
Cell # ( )	email		
State License#			
Expiration Date:			

**CERTIFICATION**

I hereby certify that I am the owner of the record of the herein described property, or that the proposed work has been authorized by the owner of record and that I have been authorized to make this application as a designated agent. I agree to conform to all applicable state and local regulations, rules and policies and such shall be deemed a condition entering into the exercise of the permit. In addition, if a permit is issued, I certify that the code official or his authorized representative shall have the authority to enter the area(s) described herein at any reasonable hour for the purpose of enforcing the provisions of the applicable code(s).

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

Directions to Site from New Castle: \_\_\_\_\_

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