

Craig County Sign Permit Application		Application # _____	
P.O. Box 308		ELECTRICAL PERMIT (circle)	
108 Court Street	Phone: 540-864-5010	If sign will be illuminated, then Electrical Permit Required	
New Castle, VA 24127	Fax: 540-864-5590	Repair	
Note: Permit will expire if the work does not begin within 6 months or is not completed within 3 years of the date it is issued. Date of Application: _____		New Service	
		Number of Amps: _____	
PERMIT TYPE (circle)		Cost: _____	\$ _____
New Sign	Existing Sign (Alteration)	ZONING INFORMATION (Feet from Property Line)	
CATEGORY OF CONSTRUCTION (circle)		Front side	
Residential	Commercial	Back side	
SCOPE OF WORK (Describe briefly)		Left side	
		Right side	
		Cost	\$ _____
		SIGN DIMENSIONS example 5 X 6 = 30 sq ft.	
JOB SITE INFORMATION		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 # _____			
PROPERTY OWNER			
Name			
Address			
City/St/Zip			
Phone			
Cell			
APPLICANT (if other than owner)			
Business Name: _____		ATTACH A DRAWING OF SIGN INCLUDE DISTANCE FROM LOT OR PROPERTY LINES SHOW NEAREST ROADS, BUILDINGS, DRIVEWAYS ETC.	
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: _____
