



Revised 2/2012

**CITY OF INMAN**

fee new: \$25.00

fee replacement: \$10.00

**SIGN PERMIT APPLICATION**

**Phone: 864-472-6200/Fax: 864-472-3228 Email: tcinmn1@windstream.net**

**Permit Required:** It shall be unlawful for any person to erect, construct, enlarge, move or replace any sign or cause the same to be done, without first having obtained a sign permit for such sign, from the Zoning Administrator (Zoning Ordinance (No. 11-06), Article VI, Section 602: Permit Required).

**Location Information:**

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_

**Applicant's Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Sign Description (attach drawing or picture):**

Type: Wall \_\_\_ Ground \_\_\_ Projecting \_\_\_ Arm \_\_\_ Other (describe) \_\_\_\_\_  
Surface: Wood \_\_\_ Metal \_\_\_ Other (describe) \_\_\_\_\_  
Foundation: Pole \_\_\_ Block \_\_\_ Other (describe) \_\_\_\_\_  
Dimensions: \_\_\_\_\_ Square Footage \_\_\_\_\_

**Sign Company Information (if applicable):**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the information provided on this form is correct. The applicant hereby agrees to comply with all County and City Ordinances and regulations governing the installation of signs. All signs must be clear of road Right-of-Way.

See City of Inman Zoning Manual for additional information, specifically Article VI, Sign Regulations. The Zoning Manual can be found on the City of Inman website ([www.cityofinman.org](http://www.cityofinman.org)).

**Zoning Administrator: Approved** \_\_\_\_\_ **Disapproved:** \_\_\_\_\_