

**CITY OF WELLFORD  
SIGN PERMIT APPLICATION  
PHONE: (864) 439-4875 FAX: (864) 439-2437**

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

TAX MAP # \_\_\_\_\_

**LOCATION INFORMATION:**

INSTALLATION ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**OWNER'S INFORMATION:**

OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SIGN DESCRIPTION:**

FRAME:  WOOD  STEEL  OTHER: \_\_\_\_\_ FOUNDATION:  POLE  BLOCK  OTHER \_\_\_\_\_

TOTAL SQFT OF SIGN FACE: \_\_\_\_\_ NUMBER OF VIEWING FACES: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

POWER COMPANY: \_\_\_\_\_ TOTAL JOB COST: \$ \_\_\_\_\_

**SIGN COMPANY INFORMATION:**

SIGN COMPANY: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**DIRECTIONS LEAVING OUR OFFICE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant hereby agrees to comply with the National Electrical Safety Code section 234 pertaining to distances from ELECTRICAL POWER LINES, City of Wellford laws, ordinances and regulations governing the installation of SIGNS in the City of Wellford, and FEDERAL AND STATE laws and regulations regarding SIGNS where applicable. ALL SIGNS MUST CLEAR ROAD RIGHT-OF-WAY; 20' FOR OFF PREMISE SIGNS. **NOTES: ALL OFF PREMISE SIGNS MUST CONFORM TO THE CITY OF WELLFORD ORDINANCE # 973 AND INTERNATIONAL CODES.**

**ALL WORK TO COMPLY WITH PROVISIONS OF THE CITY OF WELLFORD ORDINANCES AND CODES**

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT: \_\_\_\_\_

SIGNATURE OF APPLICANT