Print Form

TOWN OF KNIGHTDALE

PLANNING DEPARTMENT

www.knightdalenc.gov

950 Steeple Square Court
Knightdale, NC 27545
(v) 919-217-2245
(f) 919-217-2249

SIGN PERMIT APPLICATION

Chapter 12 of the Unified Development Ordinance (UDO) specifies the standards for signage being proposed within the Town of Knightdale and its extraterritorial jurisdiction (ETJ). The Zoning Compliance Permit portion of this Sign Permit Application is required for all signage that is not listed as exempt under Section 12.9 of the UDO. Most signs, except for those in which only the sign face is being replaced, will also be required to fill out the Commercial Building Permit portion of this Sign Permit Application as well.

Please return the completed application to the Planning Department with the required filing fee and required information.

ZONING COMPLIANCE

PROJECT NAME: _____

PROJECT ADDRESS: _____

WAKE CO. PIN#(s): _____

SHOPPING CENTER: _____

ZONING DISTRICT: _____ SITE ACRES: _____ INSIDE CORPORATE LIMITS?: _____

APPLICANT: _____ PHONE: _____ FAX: _____

ADDRESS: _____

_____

EMAIL: _____

SIGNATURE: _____ DATE: _____

LAND OWNER: _____ PHONE: _____ FAX: _____

ADDRESS: _____

_____

EMAIL: _____

SIGNATURE: _____ DATE: _____

SUBMITTAL REQUIREMENTS:

* COMPLETED APPLICATION FORM. Application must be signed by the applicant and property owner.
* $75.00 PROCESSING FEE. *(Commercial Building Permit fees, if applicable, will be calculated and due upon receipt of permit.)*
* 4 COPIES - SKETCH PLAN/PLOT PLAN FOR MONUMENT SIGNS. In accordance with Section 16.4 of the UDO, the sketch plan for a monument sign or other ground sign should include the property boundaries, the location of existing/proposed structures and the location of existing/proposed signage. The location of proposed signage should be easily identifiable on the sketch plan.
* 4 COPIES - BUILDING ELEVATIONS FOR WALL SIGNS. Building elevations must show the existing building facade, including its overall height and width, along with the proposed signage drawn/imposed to scale.
* 4 COPIES - SCALED DRAWINGS. Each proposed sign must be shown on a scaled drawing that identifies color, materials, dimensions (and in the case of a Commercial Building Permit, all other information required by the NC Building Code necessary for the issuance of a building permit).

(Failure to submit all items will result in the delay of your application. Applications which are not complete with be returned to the applicant with a notation of deficiencies. No application shall be accepted by the Land Use Administrator unless it contains all of the information necessary to determine if the signs, if completed as proposed, will comply with all of the requirements of the UDO.)

THIS SPACE FOR PLANNING DEPARTMENT ONLY

CASE NUMBER: **SP** - - SUBMITTAL DATE: X-REFERENCES:

FILING FEE AMOUNT PAID: INITIAL FOR PAYMENT COLLECTED:

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APPLICATION FOR COMMERCIAL BUILDING PERMIT - SIGNS

PERMIT # Date: _____

Applicant: _____ Phone: _____

Property Owner: _____

Address: _____ City/State: _____ Zip: _____

Project Address: _____ Jurisdiction: KNIGHTDALE

Multiple Tenant Sign? _____ Work Type: _____

Existing Use: _____ Proposed Use: _____

Construction Type: _____

General Contractor: _____ Lic.# _____

Address: _____ City/State: _____ Zip: _____

Primary Contact: _____ Phone: _____

Email: _____ Fax: _____

Electrical Contractor: _____ Lic.# _____

Address: _____ City/State: _____ Zip: _____

Directions: _____

TRADE	CONTRACT COST	FEE**
Electrical		
Building*		
TOTAL		

SIGNATURE: _____

DATE: _____

**PIN# _____ Zoning: _____ Book of Maps: _____ Page: _____

Acres: _____ Census Tract: _____ Flood Certification Required? ☐ Approved By: _____

Water Supply: _____ Wastewater: _____ Provider: _____

Conditions of Permit: _____

APPROVED BY: _____ **DATE:** _____

* Building Cost = Total Cost Less Subcontract Costs Listed Above. ** Areas for Office Use Only.

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APPLICATION FOR COMMERCIAL BUILDING PERMIT cont.

TOWN OF KNIGHTDALE / WAKE COUNTY BUILDING INSPECTIONS
AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE
NORTH CAROLINA GENERAL STATUTES 87 AND 97

The undersigned applicant for Building Permit Number _____, being the:

☐ Unlicensed Contractor ☐ Owner ☐ Officer/Agent of the Contractor/Owner
License #: _____

do hereby positively declare under penalties of perjury that the person(s), firm(s), or corporation(s) performing the work set forth in the permit *(check one)*:

☐ has/have three (3) or more employees and have obtained workers' compensation insurance to has/have one (1) or more subcontractor(s) and have obtained workers' compensation insurance to cover them,

☐ has/have one (1) or more subcontractor(s), who has/have no employees and have waived in writing their right to coverage by their contractor or if required have their own policy of workers' compensation covering themselves,

☐ has/have not more than two (2) employees and no subcontractors,

☐ has/have paid the licensing tax for General Contractors as required by the Revenue Act of the State of NC,

☐ has/have applied for permit where the project cost is under $30,000 and I am therefore exempt from Licensed General Contractor requirements specified by G.S. 87-14,

☐ has/have applied for permit under owner exception to the licensing requirements by mandating occupancy of the premises for 12 months following completion of the project,

while working on the project for which this permit is sought. It is understood that the Wake County Inspections Division may require certificates of coverage and/or waivers of workers' compensation insurance coverage prior to issuance of the permit. This document must be signed by the owner of a proprietorship, partner in a partnership, officer or manager of a LLC, or property owner (as the case may be) appearing as the contractor on the building permit.

NOTE: Signature to be either witnessed by a representative of the Town of Knightdale Planning Department or Notarized.

FIRM/PROPERTY OWNER NAME: _____

OFFICER/PARTNER/FIRM OWNER: _____

TITLE: _____ **SIGNATURE:** _____ **DATE:** _____

WITNESSED:
Sworn to and subscribed before me this _____ day of _____, 20_____.

PLAN REVIEWER
INITIALS _____

NOTARIZED:

_____ (SEAL)
Signature of Notary

My Commission
Expires on _____, 20_____.