

**Temporary Signs
ZONING PERMIT
APPLICATION
Fee: \$30.00**

City of New Bern



Greg McCoy
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Applicant:

Name _____

Address _____

Telephone _____

Fax _____

E-mail _____

Property Owner:

Name _____

Address _____

Telephone _____

Fax _____

E-mail _____

Legal relationship of applicant to property owner: _____

Property information:

1. Business name: _____
2. Address of property: _____
3. Purpose of permit: _____
4. Zoning District: _____ Lot Size: _____
5. Type of Temporary Signage (please check):
Banner [] Trailer [] Other [] (Please specify) _____

Estimated cost of temporary signage: \$ _____

Is lot presently or will it be occupied by a shopping center? YES / NO

I certify that the information provided is true to the best of my knowledge.

Applicant's Signature _____ **Date** _____

Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Time Period for temporary signage: _____ to _____
Staff Comments: _____		
_____ ZONING ENFORCEMENT OFFICER	_____ DATE	

***All requested information must be fully completed prior to submitting the application.**