



**FREESTANDING SIGN(S)**

|         | Total Square Footage of Sign | Height of Sign above Ground | Length of Street Frontage of the Lot | Illuminated<br>YES OR NO | Located in City Center Overlay?<br><br>YES OR NO | Located in Gateway Overlay?<br><br>YES OR NO | New Building Construction?<br><br>YES OR NO | Replacing Existing Sign from Previous Business?<br><br>YES OR NO |
|---------|------------------------------|-----------------------------|--------------------------------------|--------------------------|--|--|---|--|
| Sign #1 |                              |                             |                                      |                          |  |  |   |  |
| Sign #2 |                              |                             |                                      |                          |  |  |   |  |

**THE APPLICANT MUST SUBMIT THE FOLLOWING WITH THE APPLICATION:**

- A professional sketch or rendering of the proposed sign –**NO HANDDRAWN DRAWINGS WILL BE ACCEPTED**
- A color sample of all colors to be used
- Staff will consider applications incomplete without a completed application, color samples, and rendering on proposed signs.
- A completed application with pay fee and all necessary attachments must be submitted no later than one week prior to the scheduled meeting. Please see the attached schedule.

I do hereby certify:

- This information shown on the application is correct;
- This signage shall complete with the requirements of the City’s sign regulations
- All signs and supports shall be kept in good repair and perpetually maintained in a safe condition.

\_\_\_\_\_

Property Owner/Business Owner Signature                      Property Owner/Business Owner Printed Name

|   |                                  |
|---|----------------------------------|
| <b>OFFICE USE ONLY</b>  | Date Fee Paid:                   |
| Zoning District:  | Overlay District:                |
| BAR Date:                      Approved:                      Denied: | Approval Letter Date:            |
| Expires :   | Final Approval Signature : _____ |

**NOTE: PLEASE READ SIGN BROCHURE FOR ALL CODES AND REGULATIONS BEFORE SUBMITTING THIS APPLICATION!**

**P.O. Box 217   Pickens South Carolina 29671   tel: 864.878.6421   fax: 864.878.0450**