

**TOWN OF ATLANTIC BEACH**  
**PLANNING & ZONING DEPARTMENT**  
*125 West Fort Macon Road, Atlantic Beach, NC 28512 (252) 726-4456*

**Permanent Sign Application**

Upon completion, this form may be returned to the UDO Administrator by faxing a signed copy to (252) 727-7043, delivering it to 125 West Fort Macon Road or mailing the application to PO Box 10, Atlantic Beach, NC, 28512. A copy of an approved permit will be provided to you when all fees have been paid in accordance with the current adopted fee schedule.

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**APPLICANT INFORMATION:**

**Name of Applicant:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**Fax Number:** \_\_\_\_\_

**OWNER INFORMATION:**

**Name of Owner:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**Fax Number:** \_\_\_\_\_

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**SIGN INFORMATION:**

**Address of proposed sign:** \_\_\_\_\_  
**Zoning district of proposed sign:** \_\_\_\_\_  
**PIN number of proposed sign:** \_\_\_\_\_  
**Square footage of sign:** \_\_\_\_\_  
**Sign materials:** \_\_\_\_\_  
**Height of sign:** \_\_\_\_\_  
**Method of Illumination:** \_\_\_\_\_

**\*\*\*Applicant is required to attach a mock-up of the proposed sign including dimensions and for free-standing signs a diagram demonstrating the location of the sign in relation to any adjacent buildings of Right of Way lines. No sign will be approved unless it meets all requirements set forth in the Town of Atlantic Beach Unified Development Ordinance Article 11. In some instances a building permit, an electrical permit or approval from NC DOT may be necessary in conjunction with this permit.**

\_\_\_\_\_  
Applicant Signature  
\_\_\_\_\_  
UDO Administrator

\_\_\_\_\_  
Date  
Approved on: \_\_\_\_\_  
Denied on: \_\_\_\_\_

**NOTES, SPECIAL REQUIREMENTS OR CONDITIONS:**

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