



TOWN OF SPRINGDALE

2915 Platt Springs Road • Springdale, SC 29170
Office (803) 794-0408 • Fax (803) 791-0567
www.springdaleesc.com

Sign Permit Application

Date Filed: _____ Fee paid (\$15): _____ Permit number: _____

BUSINESS LOCATION *(Cert. of Appropriateness required? Yes or No)*

Business Name _____

Contact person _____ Phone _____

Business Address _____

Sign message: _____

SIGN COMPANY *(if applicable)*

Name _____ Phone _____

Contact _____ Business Lic. # _____

REQUIRED INFORMATION

Please check the box of the appropriate sign type below:

	Wall	Must submit a scale drawing of the building façade depicting the proposed location of the sign and existing signs.
	Free-standing	Must submit a site plan showing location of sign in relation to building, parking, existing signs, and property lines.

____ Describe how the sign will be mounted on the wall or in the ground and if the sign will have light.

____ Accurate colored rendering of the sign showing all text, dimensions, type of lettering, materials and actual color samples.

The undersigned applicant hereby certifies that, to the best of his or her knowledge, all information supplied with this application is true and accurate. Additionally, I have read and understand the Town of Springdale Ordinances as it relates to signs and certify that all information submitted is in compliance with the ordinance. I understand that I will be responsible for the immediate removal of any sign erected or altered which is not in compliance with the provisions of the sign ordinance.

Applicant(s) Signature(s): _____ Date: _____

OFFICIAL USE

____ Approved ____ Conditionally approved ____ Denied

Notes: _____

Signature/Date _____