



**TOWN OF CLAYTON**  
Planning Department  
111 E. Second St., P.O. Box 879  
Clayton, NC 27528  
Phone: 919-553-5002  
Fax: 919-553-1720

## ALTERNATIVE SIGN PLAN APPLICATION

*Pursuant to Article 7, Section 155.713 of the Unified Development Code (UDC), no sign, unless specifically exempted under Section 155.403(D) of the UDC may be erected, located or altered in any manner until a sign permit (and building permit if necessary) has been secured from the Planning Department. An owner of land within the jurisdiction of the Town (or a duly authorized agent) may make application with the Planning Department for an Alternative Sign Plan.*

*See Section 155.403 of the UDC for information on sign regulations. Note that signs in overlay districts (i.e. Downtown Overlay) may be subject to additional requirements.*

### APPLICATION REQUIREMENTS

- One copy of this application, signed
- Owner's Consent Form (if applicant is other than the property owner)
- All applicable drawings and documents
- Application Fee (\$300.00)

### SITE INFORMATION

Business or Site Name: \_\_\_\_\_

Parcel ID Number: \_\_\_\_\_ Parcel TAG Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Owner Email &/or Phone: \_\_\_\_\_

Is the site a multi-tenant building or shopping center?  No  Yes:

Applicable Alternative Sign Plan number (if replacing): \_\_\_\_\_

Overlay District (if applicable):  Downtown  Thoroughfare  Scenic Highway

Property Owner: \_\_\_\_\_

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

### OFFICE USE ONLY

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Permit Number: \_\_\_\_\_

## REQUIRED INFORMATION

Please provide a typed document including the following items:

Provided?			Item
Yes	N/A	Staff	
<input type="checkbox"/>			1. Justification statement which details project information, modifications being requested, specific code references and proposed alternatives. Statement <u>must</u> include a response to each of the approval criteria outlined in Section 155.403(K)(3) of the UDC.
<input type="checkbox"/>			2. Location (address and development name)
<input type="checkbox"/>			3. All information required for the applicable sign application that the Alternative Sign Plan is replacing, as listed in the tables in this application

## APPLICANT AFFIDAVIT

*I/We, the undersigned, do hereby make application and petition to the Planning Department of the Town of Clayton to approve the subject Sign Permit. I hereby certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Planning Department of the Town of Clayton, North Carolina, and will not be returned.*

\_\_\_\_\_

*Print Name*

\_\_\_\_\_

*Signature of Applicant*

\_\_\_\_\_

*Date*

Note: A Permanent Sign Permit Application is required following an Alternative Sign Plan approval in order to install a permanent sign.