Applications for Billboard and General Sign Permits

Thank you for your interest in Pickens County, South Carolina. This packet includes the necessary documents for the review and permitting of Billboards and Signs.

Should you need further assistance, please feel free to contact a member of the Planning Staff between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday at (864) 898-5953.

October 2013
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BILLBOARD PERMIT APPLICATION

Purpose of Permit: ( ) Renewal ( ) New Construction ( ) Alteration ( ) Repair or Upgrade
( ) Relocation of an Existing Billboard

Applicant’s Name: ____________________________
Address: ___________________________________
Phone No.: __________________________________

Property Owner’s Name: _______________________
Address: ___________________________________
Phone No.: __________________________________

Address of Proposed or Existing Billboard: ____________________________________________
General Description of Location: ______________________________________________________
Tax Map No.: __________________________________

Road right-of-way: ______________
(If on a State highway, contact the South Carolina Department of Transportation at 864-859-0039.)

Contractor’s Name: _________________________
Address: __________________________________
Phone No.: ________________________________

Cost of Construction: $ ____________________
Sign Area: _________________________________ Sign Height: _____________________________

Type of Billboard: ( ) single face ( ) double face
Mounting: ( ) freestanding ( ) wall

If permit is for new construction or relocation, please indicate address and location of billboard that is being removed:

General Description of Proposed Work: ___________________________________________________
__________________________________________________________________________________

(Please attach a sketch for construction of a new billboard or reconstruction of an existing or
relocated billboard)
Note: The acceptance of this application for review and the payment of fees does not constitute the approval of the requested permit. Approval is granted only upon finding that the billboard will be erected in compliance with all applicable requirements of the County’s Land Use and Development Standards Ordinance.

Periodic field checks and inspections may be conducted to determine compliance, if found non-compliant the billboard must be brought into compliance by the billboard owner, moved, or removed.

Authorized Signature ___________________ Date __________

DEPARTMENT USE ONLY

REVIEW NUMBER: ______________________

Date Application Received: __________ Fee Paid: ______________________

Action:
☐ Approval ☐ Denial Date of Action: __________ By: ______________________

SIGN PERMIT DECAL # __________

Minimum Setback Required: 15 ft from street right-of-way, or 30 ft from roadway with undefined right-of-way

Dimensions:
Maxmimum Size: ________ sq. ft Maximum Height: ________ ft Maximum Width: ________ ft

Minimum Spacing Allowed between Billboards: __________ ft

Remarks: __________________________________________________________

__________________________________________________________

SCDOT APPROVAL: ____________________________
DATE: ____________________________
NON-CONTROLLED ACCESS: ____________________________
CONTROLLED ACCESS: ____________________________

This is not a building permit! Upon approval of this application and before commencing work, you must apply for the appropriate building/electrical permits from the Building Codes Department.
SIGN PERMIT APPLICATION

PROPERTY OWNER OF RECORD

NAME: ________________________________________________________________

BUSINESS NAME (If Applicable): ____________________________________________

ADDRESS: ______________________________________________________________

CITY/TOWN: ZIP CODE: ____________________________________________________

TELEPHONE NUMBER: ______________________________________________________

SIGN COMPANY/AUTHORIZED REPRESENTATIVE:

NAME: ________________________________________________________________

COMPANY NAME: _________________________________________________________

ADDRESS: ______________________________________________________________

CITY/TOWN: ZIP CODE: ____________________________________________________

TELEPHONE NUMBER: FAX: ________________________________________________

PROPERTY/SIGN LOCATION (ADDRESS): ______________________________________

TAX MAP NUMBER(S): ______________________________________________________

EXISTING SIGN(S) ON SITE: (List Sign Type, Area, and Height): ______________________

NATURE OF WORK:  ( ) New Construction   ( ) Alteration   ( ) Repair

PROPOSED TYPE OF SIGN(S):

  ( ) Permanent Free-Standing   ( ) Attached to Building

  ( ) Off-Premises Directional   ( ) Temporary

*Attach sign design/sketch with dimensions

COST OF SIGN(S): _____________ SIGN AREA_________ sf SIGN HEIGHT:____________

SIGN ILLUMINATION: _______ EXTERIOR _______ INTERIOR

(Note: If sign is to be lighted, an electrical permit may be required.)
ROAD RIGHT-OF-WAY VERIFICATION (List Road ROW):

The right-of-way for a Pickens County maintained road can be obtained by contacting Roads & Bridges at 864-898-5933 or the Planning Department at 864-898-5953. If the sign is located adjacent to a state maintained road, please contact the South Carolina Department of Transportation (SCDOT) at 864-859-0039 for right-of-way verification.

- All free-standing signs shall be setback ten (10) feet from the road right-of-way and all property lines. Off-premises directional signs shall be setback five (5) feet from the road right-of-way and all property lines.

SIGNATURE(S) OF APPLICANT(S):

I (We) certify as property owner/authorized representative that the information shown on this application is correct.

Date: ______________________  Applicant Signature(s) ______________________

Note: This sign permit is only valid for the sign(s) constructed, erected or installed in accordance with the application herewith and in compliance with all applicable provisions of the Pickens County Development Standards Ordinance, as amended.

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DEPARTMENT USE ONLY

REVIEW NUMBER: ______________________

Date Application Received: ______________________  Fee Paid: ______________________

Action:

☐ Approval  ☐ Denial  Date of Action: ______________________  By: ______________________

SIGN PERMIT DECAL # ________

Minimum Setback Required:

On-Premises Sign  10 ft from street right-of-way and all property lines
Off-Premises Directional Sign  5 ft from street right-of-way and property lines

Dimensions:

Maximum Size: _________ sq. ft  Maximum Height: ________ ft  Maximum Width: _______ ft

Remarks: __________________________________________________________

______________________________________________________________

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