



**Surry County**  
**Inspection Department**  
 122 Hamby Rd, Dobson, NC 27017  
 Phone: (336) 401-8300 Fax: (336) 401-8327  
[CentralPermitting@co.surry.nc.us](mailto:CentralPermitting@co.surry.nc.us)

**Permit Number:** \_\_\_\_\_  
**Payment Type:** \_\_\_\_\_

## Sign Permit Application

**Property/Project's Physical Address:** \_\_\_\_\_ **Tax ID** \_\_\_\_\_  
**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Total Acreage:** \_\_\_\_\_

**Directions to Project Location:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### APPLICANT/OWNER

Name: \_\_\_\_\_  
 Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Office) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

### CONTRACTOR'S INFORMATION

*MUST attach a copy of Worker's Compensation Insurance certificate/Contractor's license to application, if applicable*

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Office) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 License number: \_\_\_\_\_  
**Project Cost:** \_\_\_\_\_

### ELECTRICAL

Contractor's Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Office) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Utility Company: \_\_\_\_\_  
 License number: \_\_\_\_\_

**I hereby certify that all information in this application is correct to the best of my knowledge and that all work will comply with the N.C. State Building Code, all other State and Local Laws, Ordinances and Regulations. I will notify the Surry County Inspections Department of any changes in the approved plans and specifications for the project permitted herein. My signature gives consent for Inspection Department personnel to enter this property for the purpose of conducting necessary inspections. I understand this permit is NOT TRANSFERABLE.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Printed Name:** \_\_\_\_\_