

**SEA PINES
ARCHITECTURAL REVIEW BOARD
APPLICATION FOR COMMERCIAL SIGN**

DATE: _____ FEES SUBMITTED: \$ _____ CASH CHECK _____

APPLICATION TO ERECT ALTER REPAIR MOVE A SIGN

NAME OF BUSINESS: _____

ADDRESS: _____ PHONE: _____

SIGN DESIGNER / CONTRACTOR: _____ PHONE: _____

TYPE OF SIGN:

FREESTANDING: WALL MOUNTED: GENERAL DIRECTORY: BOAT:

PERPENDICULAR SHINGLE: DIRECTIONAL: OFF PREMISES: AWNING:

SIGN AT ENTRANCE TO COMMERCIAL AREA: OTHER: _____

TEMPORARY: (DATES TO BE IN PLACE: FROM _____ TO _____)

SPECIAL EVENT: (DATES TO BE IN PLACE: FROM _____ TO _____)

SIGN DIMENSIONS:

TOTAL FACE AREA OF SIGN IN SQ. FT. _____

OVERALL HEIGHT OF SIGN, INCLUDING BASE: _____ OVERALL WIDTH OF SIGN: _____

IF SIGN IS FREESTANDING, HAVE YOU INCLUDED A SITE PLAN? YES NO

PLEASE INCLUDE EXACT LOCATION FOR ALL SIGNS ALONG WITH A DIMENSIONED DETAILED DRAWING, INCLUDING WORDING AND LETTERING.

TYPE OF CONSTRUCTION:

REDWOOD: PLYWOOD: OTHER: _____

SANDBLASTED: PAINTED:

LETTERING: WOOD: VINYL: OTHER: _____

COLORS: BACKGROUND: _____

LETTERING: _____

BASE: _____

VALUE OF SIGN: \$ _____

REMARKS:

I WILL ABIDE BY THE DECISION OF THE SEA PINES ARCHITECTURAL REVIEW BOARD AND AGREE NOT TO POST THIS SIGN UNTIL APPROVAL IS GIVEN.

SIGNED: _____ DATE: _____
Representative of commercial area

THIS SIGN MEETS THE APPROVAL OF THE MERCHANTS ASSOCIATION OR GOVERNING OFFICIAL FOR THIS COMMERCIAL AREA.

SIGNED: _____ DATE: _____
Representative of commercial area

IT IS REQUESTED THAT THE SEA PINES ARCHITECTURAL REVIEW BOARD CONTACT THE FOLLOWING PERSON WHEN A DECISION HAS BEEN REACHED.

NAME: _____ PHONE: _____

COMPANY: _____

ADDRESS: _____