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: _____

EMAIL: _____

SIGN DESIGNER / CONTRACTOR: _____ PHONE: _____

TYPE OF SIGN:

FREESTANDING: ☐ WALL MOUNTED: ☐ GENERAL DIRECTORY: ☐ BOAT: ☐

PERPENDICULA 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: $ _____

(CONTINUED ON NEXT PAGE)

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: _____

EMAIL: _____