



**APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE  
AND SIGN PERMIT**

Application # \_\_\_\_\_

**CITY OF LANDRUM | 100 N. SHAMROCK AVE. | LANDRUM, SC 29356  
PHONE|864.457.3000 FAX|864.457.2702**

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DATE: \_\_\_\_\_

Property Address: \_\_\_\_\_

Zoning District \_\_\_\_\_

Purpose of Application: \_\_\_\_\_

**TYPE OF PERMIT: SIGN**

Freestanding sign – Total sign Area \_\_\_\_\_ Sign Height \_\_\_\_\_

Building Sign – Total sign Area \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Contractor Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

I hereby make an application for a Zoning Compliance Certificate for this sign to be used as shown above. All statements contained herein are true and have been verified by me.

**CERTIFICATE OF ZONING COMPLIANCE**

**CITY OF LANDRUM  
100 N. SHAMROCK AVE.  
LANDRUM, SC 29356**

The construction/ installation of the sign as shown on this Application for Certificate of Zoning Compliance/Sign Permit Number \_\_\_\_\_ does conform to the requirements of the Zoning Ordinances of the City of Landrum, subject to the following conditions, restrictions and limitations if listed:

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*This certificate is subject to cancellation if any misrepresentations have been made or if any changes are made which violate any Zoning Ordinance Provision.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Official

***CERTIFICATE EXPIRES IN 6 MONTHS***