

Town Of Wendell  
15 East Fourth St  
Wendell, NC 27591  
Phone: 919-365-4448 Fax: 919-366-1462  
[www.townofwendell.com](http://www.townofwendell.com)

Office Use Only:

Amount Paid: \_\_\_\_\_

Cash/Check: \_\_\_\_\_

Date Received: \_\_\_\_\_



## COMMERCIAL ZONING COMPLIANCE APPLICATION

Business Name \_\_\_\_\_ Name of Business Owner \_\_\_\_\_ Name of Property Owner \_\_\_\_\_

Physical Address of Business (Do not use PO Box) \_\_\_\_\_

Mailing Address of Business (If different from Physical Address) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Business Phone Fax Website

Primary Contact and Relationship to Business \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact's Home Phone Cell Phone Email

Secondary Contact Person and Relationship to Business \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(This person should have access to the building and any alarm equipment) Secondary Contact's Phone

Building Square Footage: \_\_\_\_\_ Previous Business Name/Use at Location: \_\_\_\_\_

Completely describe your business, including all activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this a home based business? ☐ Yes ☐ No

Does your business sell food? ☐ Yes ☐ No

Does your business sell alcoholic beverages? ☐ Yes ☐ No

Is this a child/adult care facility? ☐ Yes ☐ No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only**

PIN: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Located within Corporate Limits: ☐

Located within ETJ: ☐

Use is allowed in Zoning District: ☐

Use complies with Zoning Ordinance: ☐

Use has supplemental standards: ☐

Comments and Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Planning Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

\*Zoning Compliance Letter may be printed on town letterhead upon request.



# Permanent Sign Permit Application

Fee Paid:

Date:

Date:

Phone:

Email:

Applicant's Name:

Mailing Address:

Address of Sign's Location:

Is Building on Corner Lot: Y or N

Size of Signage: x

Height of Sign:

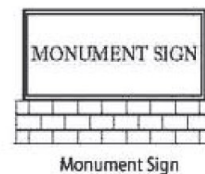
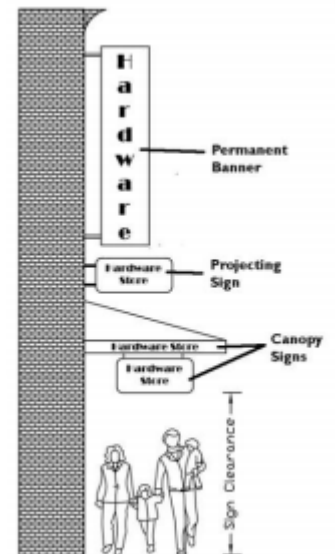
Width of Building/Tenant Space:

Description:

Permits for all permanent signs should be accompanied by **3 sets of site plans** and **3 sets of building plans/drawings** showing the dimensions, supports, proposed location relative to its surroundings, colors, lettering, graphics, lighting, and material(s). Some signs require a **Building Permit**.

Check the appropriate sign type/description (categories not limited to graphic description):

- ☐ **Suspended Single Post** - May not be internally illuminated, cannot be in or over hang the right-of-way. Max. height 5 feet.
- ☐ **Wall Signs** - Mounted on wall or placed on windows and doors. Signage on windows and doors may not exceed 25% of the window/door.
- ☐ **Canopy Signs** - Must be at least 8 feet above sidewalk level if suspended canopy. Max. dimension 40" wide x 16" tall.
- ☐ **Projecting Signs** - Building façade must have min. 20 feet width. Sign height max. 8 feet, max. surface area 16 square feet. May not project more than 5 feet.
- ☐ **Monument Signs** - Only buildings set back more than 25 feet from the right-of-way with more than 100 feet of street frontage may utilize a monument sign. Signs must include a support/base (min. 2 foot in height) constructed of rock, brick, or other masonry. Sign must be located at least 5 feet behind right-of-way and outside the sight triangle. Max. height 7 feet for low monument signs, 12 feet for tall monument signs, with an additional 1 foot allowed for a sign topper.



See Chapter 12 of the UDO for additional sign regulations.

I, the undersigned, agree to abide by the regulations set in Chapter 12 of the Wendell UDO and any other applicable regulations or conditions related to the erection and maintenance of the above designated sign. I understand that violation of any of the regulations will result in the revocation of this sign permit and may require the removal/relocation of the violating sign in addition to possible penalties.

Applicant Signature

Date

Staff Conditions/Comments:

Town Staff Signature

Date



# Temporary Sign Permit Application

Fee Paid:	Date:
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Date:
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Phone:
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Email:
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Name of Organization:
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Name of Contact:
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Organization's Physical Address:
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Mailing Address:
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Address of Sign's Location*:	Size of Sign:                      x
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Dates of Posting Signs:	Number of Signs:
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Description:
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*\*If the temporary signs will be placed in more than 1 location, please provide an attached list of addresses.*

Excluding small ground signs, no more than 4 total temporary sign permits are allowed per organization per year. Ground signs must be placed behind the sidewalk or ditch line, or placed 5 feet from edge of road pavement. Excluding lighter-than-air signs, ground-mounted signs may not exceed 7 feet in height. All signs posted on private property must have signed permission from the property owner.

Any temporary signs that are outdated, in poor condition, abandoned, and/or are not in an upright position may be removed by the Town. See Chapter 12 of the UDO for additional sign regulations.

Check the appropriate sign type/description (categories not limited to graphic description):

- ☐ **Lighter-than-Air** - Permitted on business premises up to 2 times per year, up to 3 consecutive days. Height allowed is proportional to distance from property line, up to 100 feet.
- ☐ **Seasonal Farm Product** - Permitted for a max. period of 60 days. 3 square foot max. sign area permitted. Signs must be located on private property. No more than 6 signs are permitted at any one time.
- ☐ **Mobile** - Prohibited on a permanent basis. Permitted on a temporary basis at special events for 14 days in commercial and manufacturing districts.
- ☐ **Banners & Pennants** - Located on the building and must relate to a special promotion or event of limited duration - may not replace permanent sign. Only 1 per business is permitted to be displayed at a time for 30 days max. Area may not exceed 32 square feet.
- ☐ **Small Ground** - Max. size of 3 square feet permitted. Only permitted for businesses and nonprofits located within Wendell's jurisdiction. No more than 12 are permitted per organization at one time. No more than 2 may be located on the same property. There is no limit on sign duration.
- ☐ **All Other Temporary Signs** - Combined size cannot exceed 32 square feet. If more than 1 is placed on the same property, the sign area allowed is reduced to 3 square feet each. Permit will be allowed for 14 days.

*I, the undersigned, agree to abide by the regulations set in Chapter 12 of the Wendell UDO and any other applicable regulations or conditions related to the erection and maintenance of the above designated sign. I understand that violation of any of the regulations will result in the revocation of this sign permit and may require the removal/relocation of the violating sign in addition to possible penalties.*

Applicant Signature	Date
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Staff Conditions/Comments: _____	
_____	
_____	
_____	
Town Staff Signature	Date

# Temporary Sign Permit Permissions

Applicant's Name		Date:
Mailing Address:		Phone:
Words Appearing On Sign:		
Size of Signage:                      x		

**Temporary Signs** - Temporary signs are permitted in most instances with a permit for a limited duration. This category includes, but is not limited to, farm product signs, mobile signs, non-profit community/civic event signs, banners/pennants, and other temporary signs. Temporary signs must be located either behind the sidewalk or ditch line. Where neither of these are present, 5 feet behind the curb or edge of pavement. If signs will be located off the premise of the applicant's home and/or business, the applicant must secure permission from the property owner at each intended location. Please use the forms below to document those permissions. Use additional forms as needed. All permission forms must be submitted with any request for temporary signage located off premise of the applicant's home and/or business.

I, \_\_\_\_\_, do hereby grant  
(Property Owner's Name) (Applicant)  
permission to locate a temporary sign on my property located at \_\_\_\_\_.

(Address Where Sign Will Be Located)  
I understand that these signs are temporary in nature and must be removed according to the terms of the applicant's temporary sign permit and the provisions of the Wendell Unified Development Ordinance.

Signature of Property Owner Date

I, \_\_\_\_\_, do hereby grant  
(Property Owner's Name) (Applicant)  
permission to locate a temporary sign on my property located at \_\_\_\_\_.

(Address Where Sign Will Be Located)  
I understand that these signs are temporary in nature and must be removed according to the terms of the applicant's temporary sign permit and the provisions of the Wendell Unified Development Ordinance.

Signature of Property Owner Date

I, \_\_\_\_\_, do hereby grant  
(Property Owner's Name) (Applicant)  
permission to locate a temporary sign on my property located at \_\_\_\_\_.

(Address Where Sign Will Be Located)  
I understand that these signs are temporary in nature and must be removed according to the terms of the applicant's temporary sign permit and the provisions of the Wendell Unified Development Ordinance.

Signature of Property Owner Date

## Office Use Only

Number of Signs Approved On This Permission Sheet:

Date Sign Permit Approved:

Signs May Be Displayed From

Total Number of Signs Approved:

(Date)

to

(Date)

Town Staff Signature

Date



**WAKE COUNTY COMMUNITY SERVICES**  
**INSPECTIONS/DEVELOPMENT PLANS/PERMITS**  
 Suite 101 Waverly Akins Office Building  
 PO Box 550, Raleigh, NC 27602  
 Phone: 856-6060 Fax: 856-6229

**APPLICATION FOR COMMERCIAL PERMIT**

Permit # _____		D # _____	
Applicant's Name:		Date:	Phone #:
Owners Name:		Address:	
Project address:		Jurisdiction:	
Existing use:	Proposed Use:	Type of Work _____	
Contains Food and Lodging? <input type="checkbox"/> Contains Multiple Tenants? <input type="checkbox"/> Mixed Occupancy? <input type="checkbox"/> Located In Fire District? <input type="checkbox"/>			
Protected? <input type="checkbox"/> Sprinkled? <input type="checkbox"/> Work: _____ Occupancy Type? _____ Construction Type? _____			
Square Ftg:	Number of stories:	Percentage of Area Modification:	Construction Pole Required: <input type="checkbox"/>

General Contractor:		License #:
Street Address:	City/State:	Zip:
E-mail address:	Phone #:	Fax:
Primary contact:		Phone #:
Electrical Contractor:		License #:
Street Address:	City/State:	Zip:
Heating Contractor:		License #:
Street Address:	City/State:	Zip:
Plumbing Contractor:		License#:
Street Address:	City/State:	Zip:
Sprinkler Contractor:		License #:
Street Address:	City/State:	Zip:
Applicants Signature:		Date:
Directions:		

Trade	Contract Cost	Fee**	Trade	Contract Cost	Fee**
Electrical			Fire Suppression		
Heating			Alarm		
Plumbing					
Building *					
Sprinkler			TOTAL		

\* Building Cost = Total cost of project less cost of subcontract costs listed above.  
 \*\* Areas for office use only

For Office Use Only – Do not Complete \*\*

PIN #/Map & Parcel \_\_\_\_\_ Zoning: \_\_\_\_\_ BM \_\_\_\_\_ Page \_\_\_\_\_

Acres: \_\_\_\_\_ Census: \_\_\_\_\_ Flood Certification Required ☐ Approved by: \_\_\_\_\_

Water Supply :Public Waste Water: Public Provider: \_\_\_\_\_

Conditions of Permit: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



**APPLICATION FOR  
MECHANICAL PERMIT # \_\_\_\_\_**  
ELECTRICAL - HVAC -  
PLUMBING - REFRIGERATION  
INSPECTIONS/ DEVELOPMENT PLANS/ PERMITS  
SUITE 101, WAVERLY F. AKINS OFFICE BUILDING  
P.O. BOX 550 , RALEIGH, NC 27602  
PHONE: (919) 856-6060 FAX: (919) 856-6229



Type of work to be performed: New    Addition    Repair/Replacement

Project Street Address: Street #	Direction	Name	Type	City:
Subdivision:		Lot #		Pin #
Building Owner:				Phone #    -    -
Owners Address:				City:
Contact Name:				Phone #    -    -

Directions to site:

Project includes the following work: Electrical ☐    HVAC ☐    Plumbing ☐    Refrigeration ☐

Description of Work:

Electrical Contractor:		License #
Street Address:	City:	State:
E-Mail:		
HVAC Contractor:		License #
Street Address:	City:	State:
E-Mail:		
Plumbing Contractor:		License #
Street Address:	City :	State:
E-Mail:		
Refrig. Contractor:		License #
Street Address:	City:	State:
E-Mail:		

Trade	Contract Cost	Permit Fee
Electrical		
HVAC		
Plumbing		
Refrigeration		
<b>TOTAL</b>		

Applicant Signature: \_\_\_\_\_

Processed By: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_ Receipt # \_\_\_\_\_