



Planning and Development
 4303 Lawrenceville Road
 P.O. Box 39
 Loganville, GA 30052
 Tel: 770-466-2633
 Fax: 770-554-5556

SIGN PERMIT APPLICATION

PERMIT # _____

Include the Following Attachments:

- Attach details for foundation, footings, materials, electrical and engineering calculations (if required)
- Drawing or rendering of proposed sign
- Written permission of property owner or management agent

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

SIGN LOCATION

Address _____ Business/Tenant/Name _____
 Sign Owner's Name _____ Phone Number _____
 Email Address _____

PROPERTY OWNER INFORMATION

Name _____ Phone Number _____
 Address _____ City/State/ Zip _____

CONTRACTOR INFORMATION

Name _____ Business License # _____
 Address _____ City/State/Zip _____
 Contact Person _____ Phone Number _____
 Email Address _____

SIGN INFORMATION

Type: Freestanding Building Freestanding 2 Banner
Gross Building or Tenant Space _____ sq. ft. **Sign Dimensions** _____ **Face Area** _____ sq. ft.
Value \$ _____ **Height*** _____ ft. **Display Period (banner)** ___/___/___ to ___/___/___
Lighting: Internal External None (**Lighted signs require Electrical Permit**)
Master Signage Plan: No Yes **Project Name** _____

APPLICANT'S CERTIFICATION

I HEREBY CERTIFY THAT I HAVE EXAMINED AND UNDERSTAND ALL INFORMATION IN THIS APPLICATION AND THAT THE ABOVE STATEMENTS AND INFORMATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THE WORK TO BE PERFORMED SHALL COMPLY WITH ALL PROVISIONS OF APPLICABLE LAWS AND ORDINANCES WITH WHETHER SPECIFIED HEREIN OR NOT. FAILURE TO COMPLY OR FALSE STATEMENTS SHALL BE GROUNDS FOR REVOCATION OF PERMIT.

 Signature (Applicant is: Owner / Tenant / Contractor)

Sign Permit is: Approved Denied **Reasons for Denial** _____

Approved by: _____ Date: _____ Permit Fee \$ _____