



SIGN PERMIT APPLICATION

Staff Use Only	
Received:	Application Number:

Applicant Information		
Applicant Name:		
Address:		
City:	State:	Zip Code:
Phone:	Email (Optional):	

Location Information
Business Name:
Sign Location Address:
Installer / Contractor:

Sign Information
Total Square Footage (All Proposed Signs):
Total Number of Proposed Signs (Use Separate Page 2 for <u>Each Sign</u>):
Total Square Footage for all Other (Exempt) Window, Wall, Incidental or Building Signs:
Does This Location Have Existing Signage YES <input type="checkbox"/> NO <input type="checkbox"/>

The following items must be provided for each sign:

- Scaled plans / drawings and details of existing (drawings and details showing how modifications will be performed) or proposed signs (include dimensions, mounting / installation details, etc.; **Note: construction materials, finishes, treatments required for Sign District 4 only**);
- Scaled building elevation dimensions with dimensions and placement for each wall sign for the portion occupied by the business;
- Scaled sketch or survey with details on locations of ground signs with distances from property lines;
- Mounting and installation plans and specifications listed above must meet ICC and wind load requirements; footing details required for freestanding signs.
- If signage exists on the property, include description / sketches of all existing signage and placement, as necessary; Please complete a separate "Page 2" for each sign, as necessary.

APPLICANT SIGNATURE: *I hereby certify that I have the legal right to represent the property owner in submittal of this application, there are no existing signs except those indicated on this application or that any sign(s) required for removal will be removed before any new sign(s) are installed. I hereby certify that all information provided herein is true and correct and I acknowledge compliance with all requirements of Article XV: Signs, and agree to comply with the City of Statesboro Zoning Ordinance.*

Applicant Signature: _____
Business Owner or Owner's Representative

Date: ____ / ____ / ____

Applicant Name (Printed): _____



Staff Use Only	
Received:	Application Number:

Sign Information
Business Name:
Address (Sign Location):
Installer (If Different from Page 1):
New Construction: <input type="checkbox"/> Face Replacement ¹ : <input type="checkbox"/> Off-Site Renovations ² : <input type="checkbox"/>
¹ - Please Indicate in Attached Details Which Sign This Will Replace ² - Drawings to Scale with All Dimensions Must Be Provided (Sufficient Detail Must Be Provided to Exactly Replicate Sign)

Sign Type
<input type="checkbox"/> Free Standing (Monument) <input type="checkbox"/> Free Standing (Stanchion - Sign District 2) <input type="checkbox"/> Wall <input type="checkbox"/> Canopy <input type="checkbox"/> Marquee <input type="checkbox"/> Projection <input type="checkbox"/> Suspended

Freestanding / Stanchion / Monument Signs					
Sign #:	Sign Height:	Feet	Inches		
Setback:	Feet	Inches	Sign Dimensions 1:	Length	Width
Sign Square Feet Per Side:	Total Sign Square Feet:				

Wall Signs
If Sign or Support Will be Mounted to Wall Please Complete the Following
Sign Construction Materials ³ : ³ - Only Required for Sign District 4 - Central Business District
BLDG Dimensions 1: (W) x (H) (CIRCLE): FRONT SIDE 1 SIDE 2 REAR
Sign Dimensions (Display Area) 1: (L) x (W)
Height to Top of Sign (Highest Point of Sign Structure): Feet Inches
Street Name Sign is Fronting:

Illumination / Changeable Copy
Will this sign be illuminated: <input type="checkbox"/> Yes <input type="checkbox"/> No
Will Changeable Copy be Used on This Sign: <input type="checkbox"/> Yes (If Yes, Sign # _____) <input type="checkbox"/> No
(IF YES, COMPLETE CHANGEABLE COPY SUPPLEMENT)

**Attach supporting plans / details behind this page
 (Applicant may provide some or all details above on plans or details)
 Use a separate form for each sign, as necessary**