



TEMPORARY SIGN PERMIT APPLICATION

134 S. Oak Street
Jackson, Georgia 30233
Phone - 770-775-7535 Fax - 770-775-8051

PERMIT # _____

TYPE OF SIGN:	___ GROUND	NUMBER OF SIGNS: _____
	___ BANNER	NUMBER OF SIGNS: _____
	___ YARD SIGN	NUMBER OF SIGNS: _____
	___ WINDOW SIGN	NUMBER OF SIGNS: _____

TOTAL NUMBER OF SIGNS: _____

ADDRESS OF BUILDING, STRUCTURE, OR LOT TO WHICH SIGN IS TO BE
ATTACHED: _____

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S TELEPHONE #: _____

NAME OF PERSON, FIRM, CORPORATION, OR ASSOCIATION ERECTING SIGN:

ADDRESS: _____

TELEPHONE #: _____

THE FOLLOWING ITEMS ARE REQUIRED:

1. WRITTEN PERMISSION FROM THE PROPERTY OWNER GIVING PERMISSION TO ERECT THE SIGN. PERMISSION LETTER MUST CONTAIN PROPERTY OWNERS NAME, ADDRESS AND TELEPHONE NUMBER AND MUST BE SIGNED BY PROPERTY OWNER AND NOTARIZED.

2. COMPLETE SET OF CONSTRUCTION PLANS WITH THE FOLLOWING ON THE PLANS:

- EACH SIGN'S DIMENSION INCLUDING HEIGHT, LENGTH, WIDTH & SQUARE FOOTAGE
- EACH SIGN LOCATION ON THE SITE INCLUDING SETBACKS FROM ALL PROPERTY LINES (FRONT, SIDE AND REAR YARDS)
- EACH SIGN LOCATION IN RELATION TO THE AREA AROUND THE PROPOSED SIGN LOCATION

APPLICANT

DATE

***OFFICE USE ONLY**

- ZONING OF PROPERTY: _____
- NUMBER OF SIGNS ALLOWED IN THE ZONING DISTRICT:
 - GROUND SIGNS: _____
 - SQUARE FOOTAGE ALLOWED: _____
 - BANNER: _____
 - SQUARE FOOTAGE ALLOWED: _____
 - YARD SIGNS: _____
 - SQUARE FOOTAGE ALLOWED: _____
 - WINDOW SIGNS: _____
 - SQUARE FOOTAGE ALLOWED: _____

_____**APPROVED** _____**DENIED**

ZONING ADMINISTRATOR

DATE