SIGN PERMIT APPLICATION
CITY OF WALESKA, 8891 FINCHER RD, WALESKA, GA 30183
770-479-2912

_____ _____
Applicant Name **Applicant Address**

_____ _____
City **State** **Zip** **Telephone #**

If for Business, Give **Business Name:** _____

Property Location: _____

Width of Building: _____ Land Lot: _____ District: _____
(Width of Building is based on Shortest road frontage = front of building)

TYPES OF SIGNS: (Check all that apply)

_____ **Accessory -** Relating to uses of the premises on which sign is located
_____ **Off Premise**
_____ **Detached** – Not attached to or painted on structure-affixed to ground-free standing.
_____ **Flat** – Attached to or erected or painted on the outside wall of a building not extending more Than 18 inches from wall
_____ **Marquee -** Attached to or hung from marquee
_____ **Projecting** – Provide details
_____ **Illuminated -** Signs using electrical wiring and connections, which require an electrical permit

Applications must be accompanied by **Three** (3) sets of drawings, which include the following:

1. Site plans with exact location of sign(s) and indicate any existing sign(s).
2. Exact dimensions of sign area and height above grade of free standing or monument sign(s)
3. Mounting details of wall mount sign(s)
4. Electrical connections with details of all illuminated sign(s)

_____ _____
Applicant Signature **Date**

Print Name Here _____

Upon signature of this document, applicant certifies that all the information provided is correct and is aware that any misleading/incorrect information may result in the sign permit being revoked and/or the removal of the sign.

OFFICE USE ONLY: Sign Permit # _____ Date Issued _____

Approved By: _____ Amount Paid _____ Issued By _____

PLEASE COMPLETE THE INFORMATION ON THE BACK

SIGN PERMIT APPLICATION – PAGE TWO
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Please provide the information as requested below. Each sign must be listed. This information will be used in future applications to verify if additional signage is allowed.

FREE STANDING AND/OR MONUMENT SIGNS.

__________ Ft. X __________ Ft. = __________ SQ. FT.

__________ Ft. X __________ Ft. = __________ SQ. FT.

__________ Ft. X __________ Ft. = __________ SQ. FT.

WALL MOUNT SIGNS

____

(This space is provided for a **Location & Description** of the sign (Letters, Logo, Sticker, Etc.)

__________ Ft. X __________ Ft. X __________ # of Each = __________ SQ. FT.

____

(This space is provided for a **Location & Description** of the sign (Letters, Logo, Sticker, Etc.)

__________ Ft. X __________ Ft. X __________ # of Each = __________ SQ. FT.

____

(This space is provided for a **Location & Description** of the sign (Letters, Logo, Sticker, Etc.)

__________ Ft. X __________ Ft. X __________ # of Each = __________ SQ. FT.

____

(This space is provided for a **Location & Description** of the sign (Letters, Logo, Sticker, Etc.)

__________ Ft. X __________ Ft. X __________ # of Each = __________ SQ. FT.

____

(This space is provided for a **Location & Description** of the sign (Letters, Logo, Sticker, Etc.)

__________ Ft. X __________ Ft. X __________ # of Each = __________ SQ. FT.

TOTAL SQUARE FOOTAGE ALLOWED ______________________

VARIANCE APPLICATION
And/or Direction of the Issuance of a Permit

Board of Adjustment – Planning Board
Borough of New Providence

FOR OFFICIAL USE ONLY

Date Application Filed:	_____	Application #	_____
Fee Amount Paid:	_____	Date Paid:	_____
Date Application Completed	_____	Notice Sent:	_____
Block No.	_____	Lot No.(s)	_____
Time Period Expires:	_____		

SECTION 1. INFORMATION REGARDING THE APPLICANT

a) Full legal name _____

b) Mailing address _____

_____

c) Contact information: _____ _____
telephone number e-mail address

d) The applicant is (check one): INDIVIDUAL (S) ☐ CORPORATION ☐

PARTNERSHIP ☐ OTHER (specify) _____

If the Applicant is a corporation or a partnership, information specified in Article 8D of the Land Use Procedures Ordinance must be included as a rider to this application. All corporate applicants must be represented by an attorney.

e) The relationship of the applicant to the property in question is (check one):

OWNER ☐ TENANT or LESSEE ☐ PURCHASER UNDER CONTRACT ☐

OTHER (specify) _____

If the applicant is not the owner of the property in question, the Applicant must submit a copy of this application signed by the owner in the space provided in Section 7.

SECTION 2. INFORMATION REGARDING THE PROPERTY

a) The street address is _____

b) The property is approximately _____ feet from the intersection of

_____ and _____

c) The property is Block No. (s) _____ Lot No. (s) _____ on the Tax Map and is

located in the _____ Zone(s).

SECTION 3. INFORMATION ABOUT REQUESTED RELIEF

a) Proposal: With respect to said property, Applicant desires a variance or relief from the requirements of the Zoning Ordinance to permit the use of the property in the following manner (include all physical improvements such as structures, additions, landscaping, etc.):

_____

_____

_____

_____

_____

_____

_____

_____

_____

b) Relief Requested: The proposed use, building(s) or subdivision is/are contrary to (list the specific articles, sections and criteria, i.e. front yard setback, of the Zoning Ordinance from which a variance is sought, the requirement as set forth in the Zoning Ordinance and the proposed requirement):

Art/Sec _____ Criteria _____ Required _____ Proposed _____

Art/Sec _____ Criteria _____ Required _____ Proposed _____

Art/Sec _____ Criteria _____ Required _____ Proposed _____

Art/Sec _____ Criteria _____ Required _____ Proposed _____

c) Reasons for Relief: The specific facts, which show that the relief sought can be granted without substantial detriment to the public good and will not substantially impair the intent and purpose of the Zone Plan and the Zoning Ordinance.

_____

_____

_____

_____

_____

_____

_____

_____

_____

d) Previous Requests: Relief from the provisions of the zoning ordinance in connection with this property has been previously requested _____ (yes or no). If yes, attach a copy of the Board decision.

SECTION 4. NATURE OF APPLICATION (Check all appropriate items.)

( ) Interpretation of zoning ordinance or map
( ) Appeal of action of Zoning Officer (attach copy of certificate)
( ) C Variance
( ) D Variance
( ) Subdivision
( ) Subdivision application to follow
( ) Site Plan
( ) Site Plan application to follow
( ) Conditional Use
( ) Waiver of lot to abut street requirement
( ) Exception to the Official Zoning Map

SECTION 5. PROPERTY DETAILS

The property is more particularly described as follows:

a) Area of Plot: _____ square feet. Area covered by existing structures that will remain: _____ square feet. Area of proposed structures: _____ square feet. Total area of plot to be occupied by structures: _____ square feet. Percentage of plot to be occupied by structures: _____.

b) Total floor area: _____ square feet.
Floor area ratio (total floor area divided by area of plot): _____.

c) Setbacks:

	Required	Existing	Proposed
Front	_____	_____	_____
One side	_____	_____	_____
Other side	_____	_____	_____
Both sides	_____	_____	_____
Rear	_____	_____	_____

(If corner lot, circle setbacks from side street.)

d) Height of existing structure to top of roof _____ feet.
Height of proposed structure _____ feet.
Height of _____ (state cupola, chimney, etc.) _____ feet.

e) Average setback from street(s) of buildings within 200 feet (required if setback variance is requested) _____.

f) Other pertinent characteristics of property _____
_____
_____

SECTION 6. OTHER INFORMATION

a) Attorney: _____ Phone No. _____

Address _____

E-mail address: _____

b) Use: Of existing building(s) and premises, and if not owner-occupied, name of Lessee

_____

_____

_____

Proposed use of building(s) and premises, and if not owner-occupied, name of Lessee

_____

_____

_____

c) Adjoining Property: Block and Lot number(s) of any adjoining property currently owned or under contract to purchase by either applicant or current owner _____

SECTION 7. VERIFICATION AND AUTHORIZATION

a) Applicant: I hereby certify that the above statements made by me and the statements and information contained in the papers submitted in connection with this application are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

_____

Applicant's Signature

b) Owner (if owner is not Applicant): _____ hereby certify that I reside at _____ in the County of _____ and the State of _____; and I am the owner of that certain lot, piece or parcel of land known as Block(s) _____ Lot(s) _____ on the Tax Map of the Borough of New Providence, which property is the subject of the above application, and that said application is hereby authorized by me.

_____ _____

Owner's Signature Date

FOR OFFICIAL USE ONLY

This application was approved on _____. A resolution setting forth the specifics of the approval and conditions, if any, was mailed on _____.

This application was denied on _____. A resolution of denial was mailed on _____.

_____

Secretary of the Board