

SIGN PERMIT APPLICATION

CITY OF WAYCROSS, GEORGIA
Department of Community Improvement
(912) 287-2944, Office / (912) 287-2948, Facsimile
www.waycrossga.com



INSTRUCTIONS: PLEASE TYPE OR PRINT (IN INK) ALL REQUESTED DATA (Note: An incomplete application may delay the approval process.)

ADDRESS: _____ SUITE: _____

PARCEL #: _____ ZONE: _____ BLOCK: _____ LOT: _____

SIGN SETBACKS FROM PROPERTY LINE: FRONT _____ SIDE _____

APPLICANT: _____ ADDRESS: _____ PHONE: _____

PROPERTY OWNER: _____ ADDRESS: _____ PHONE: _____

CONTRACTOR: _____ ADDRESS: _____ PHONE: _____

ENGINEER: _____ ADDRESS: _____ PHONE: _____

VALUATION: \$ _____ SQUARE FEET: _____ CLASS OF WORK: _____ NEW _____ FASCIA REPLACEMENT

PLEASE CHOOSE ONE: _____ WALL, SINGLE FACED
_____ FREE STANDING : _____ SINGLE FACED _____ DOUBLE FACED
_____ PROJECTING: _____ SINGLE FACED _____ DOUBLE FACED
_____ ROOF: _____ SINGLE FACED _____ DOUBLE FACED
_____ INDIVIDUAL LETTERS (maximum letter height is 36 inches, where permitted)
_____ TEMPORARY SIGNAGE

NOTE: SIGNAGE 3' – 10' IN HEIGHT ABOVE DRIVING SURFACE SHALL BE 25' FROM ANY PUBLIC OR PRIVATE INTERSECTION.

DESCRIPTION OF WORK: _____

I HEREBY CERTIFY THAT I HAVE COMPLETED, READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS, ORDINANCES, POLICIES AND PROCEDURES GOVERNING THIS WORK SHALL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. ALL PARTIES INVOLVED IN THIS WORK SHALL COMPLY WITH ALL PROVISIONS OF LOCAL, STATE AND FEDERAL LAWS, ORDINANCES, POLICIES, PROCEDURES AND REGULATIONS. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER LOCAL, STATE OR FEDERAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

UPON PAYMENT OF ALL FEES, THIS APPLICATION BECOMES PART OF THE ACTUAL PERMIT. THE PERMIT BECOMES NULL AND VOID IF THE AUTHORIZED WORK IS NOT COMMENCED WITHIN SIX MONTHS, OR IF THE WORK IS SUSPENDED OR ABANDONED FOR A CONTINUOUS PERIOD OF SIX MONTHS AT ANY TIME AFTER INITIAL COMMENCEMENT OF THE WORK. A NEW PERMIT IS REQUIRED IN THESE CASES.

SIGNATURE: _____ DATE: _____ OWNER _____ CONTRACTOR _____ AGENT _____

FOR OFFICE USE ONLY			
Accepted By: _____	Date: _____	Approved By: _____	Date: _____
Issued By: _____	Date: _____	Permit Fee: \$ _____	Permit #: _____
AFTER COMPLETION, MAKE ONE COPY FOR THE APPLICANT, AND A YELLOW COPY FOR THE TAX ASSESSOR. ORIGINAL STAYS IN FILE.			