

City of Statham
327 Jefferson Street
Statham, GA 30666

Sign Permit Application

- Permanent**
- Temporary**
- Other**

Date: ____ / ____ / ____

Permit No. _____

Estimated Cost of Construction (Labor and Materials): \$ _____

JOB SITE ADDRESS:

PROJECT NAME:

LOT/ SUITE #:

Property Use:

Zoning Class.:

Description: _____

Property Owner

Name:

Address:

State:
Zip:

Phone:

Email:

Sign Contractor

Name:

Business License No.:

Address:

State:
Zip:

Phone:

Email:

Square Footage of Sign _____

Sign Dimensions _____

Type of Sign

- MONUMENT
- WALL MOUNTED
- BANNER
- WINDOW
- SANDWICH/A-FRAME
- PLANNED CENTER
- RESIDENTIAL SUBDIVISION
- COMMERCIAL SUBDIVISION
- OTHER (EXPLAIN) _____

Please Provide the Following

1. Hold Harmless Agreement
2. Scaled site plan with location of all structures on the property
3. Detailed plan of sign (plan view and elevations w/dimensions)
4. Written consent of the property owner/agent granting permission for the sign.

Every sign for which a permit is required shall be plainly marked with the name of the permittee and shall have the number of the permit issued for said sign by the City affixed on the framework of the sign so the information therein shall be readily accessible, legible, and durable.

Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Inspector for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the Minimum Building Codes.

X
Signature of Applicant:

X
Date:

FOR OFFICE USE ONLY

Accepted by:

Construction Type:

Occupancy:

Administrative Fee:
\$ _____

Plan Review Fee:
\$ _____

Permit Fee:
\$ _____

CC Fee:
\$ _____

Total Fee:
\$ _____