

SIGN PERMIT APPLICATION

	Date Received:			
PLEASE COMPLETE THE BELOW INFORMATION. INCOMPLETE APPLICATIONS	Received By:			
WILL BE RETURNED.	Permit No.:			
I. REQUIREMENTS:	Process No.:			
☐ One copy of a site plan showing the location and placement of proposed sign(s)				
☐ One copy of a construction plan detailing sign construction materials				
☐ One copy of an elevation drawing illustrating the height and dimensions of the sign fac	e and structure			
☐ One set of digital plans				
☐ One copy of the total construction costs of the signs				
☐ One original signed application				
II. PROPERTY OWNER:				
Name:				
Address:				
Phone: Email Address:				
III. PROPERTY INFORMATION:				
Address:				
Tax ID: Parcel Size (Acres):				
Zoning District: Tenant:				
IV. CONTRACTOR INFOMRATION:				
Contractor/Company:				
Contact Name: Phone:				
Company Address:				
Company Phone: Email Address:				
V. SIGN INFORMATION: Please identify the type of sign you are requesting				
				



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•	What is the square footage of each sign face?
•	What is the height of each sign and structure?
•	Illuminated? ☐ yes ☐ no
•	Changeable copy/Electronic multi-message? ☐ yes ☐ no
☐ Wal	I
•	Total linear feet of wall or tenant frontage:
•	What is the square footage of each sign face?
•	Illuminated? ☐ yes ☐ no
□ Roo	f sign (in lieu of wall sign) Not to exceed 10% of building height
•	Maximum square footage shall not exceed the building's linear foot per road frontage
□ Proj •	ecting (TCM District only) Maximum of 6 sq.ft.
•	Height above pedestrian 7'6"
☐ San •	dwich/A-frame (TCM District only) Maximum of 6 sq.ft. per sign face
•	Maximum 4' high
☐ Can •	opy (TCM District only) Maximum of 8 sq.ft.
•	Made onto canopy material

VI. FEES: TOTAL CONSTRUCTION COST OF SIG	₿NS
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Electric	\$100.00 plus 2% of construction cost in excess of \$1,000.00
Non-electric	\$50.00 plus 1% of construction cost in excess of \$1,000.00



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VI. AUTHORIZATION FOR REPRESENTATION: (If t	ne owner/applicant is requesting to be represented)
I,, the own application, do hereby authorize pertaining to the processing and approval of this application the terms and conditions set forth by the City of Covand agreements made by my designated representation.	to act on my behalf in all matters cation, including modifying the project accordingly rington. I agree to be bound by all representatives
Signature of Owner/Applicant:	Date:
Signature of Representative:	Date:
VII. CERTIFICATION:	
I, the owner and understand the contents of this application. I certification attachments and all other supporting information knowledge. I further agree that to save, indemnify, and employees, and agents against all liabilities, judgment them in consequence of the granting of this permit, insimprovements placed by virtue hereof, and will in all the ordinances. Signature constitutes an attestation by the application complies with all covenants, conditions, and	y that that the information contained herein, ation, is complete and true, to the best of my discept harmless the City of Covington, its officers, s, costs, and expenses which may accrue against spections, or use of any on-site or off-site sings strictly comply with all applicable rules and e owner or owner's authorized representative(s) that
Signature of owner/applicant or representative:	
Date:	



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CITY OF COVINGTON, GEORGIA AFFADAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

I,	am applying to the City of Covington, Georgia for a
(Name)	
1) Alcohol	
x2) Other public benefit as referenced (Please describe) sign permit	in O.C.G.A. 50-36-1.
I hereby state, under oath, with respect to m	y application for
(Name of business, corporation, partnership	, or other private entity)
that:	
1) I am a United States citizen or a leg	gal permanent resident
Act, 18 year of age or older, lawfully present In making the above representation under or	ath, I understand that any person who knowingly and willfully nent or representation in an affidavit shall be guilty of a
Signature of Applicant	Date
Printed Name	
Alien Registration Number for Non-Citizens*	
NOTARY SEAL:	
Sworn to and subscribed before me on this _	day of,20
Notary Public My Commission Expires:	

*Note: O.C.G.A. 50-36-1 (e) (2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number, because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien



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registration numbers. Qualified aliens that do not have an alien registration number may supply another identifying number below:

** FOR OFFICIAL USE ONLY **						
PLANNING AND ZONING	File #	Fee Received:				
☐ Approved ☐ ☐ Approved with Remarks Denied		Is this property located within Covington's Historic District? ☐ Yes, ☐ No				
MAIN STREET MANAGER	Is property located within the TCR or TCM zoning districts? ☐ Yes ☐ yes, please see Main Street Director 770 385 2077. ☐ No					
Date COA Submitted to Main Street Main Street Manager's Comments: Approved □ Denied □ Main Street Manager's Signature: □		Denied ⊡				
SIGN CODE REGULATIONS Inspection Da		ction Date:	Inspector:			
Approved:						