



City of Covington

SIGN PERMIT APPLICATION

Date Received: _____

PLEASE COMPLETE THE BELOW INFORMATION. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Received By: _____

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 face 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: _____

Parcel Number: _____ Parcel Size (Acres): _____

Zoning District: _____ Tenant: _____

IV. CONTRACTOR INFORMATION:

Contractor/Company: _____

Contact Name: _____ Phone: _____

Company Address: _____

Company Phone: _____ Email Address: _____

V. SIGN INFORMATION:

Please identify the type of sign you are requesting

- Monument
 - How many will be on premise? _____



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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

Wall

- Total linear feet of wall or tenant frontage: _____
- What is the square footage of each sign face? _____
- Illuminated? yes no

Roof 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

Projecting (TCM District only)

- Maximum of 6 sq.ft.
- Height above pedestrian 7'6"

Sandwich/A-frame (TCM District only)

- Maximum of 6 sq.ft. per sign face
- Maximum 4' high

Canopy (TCM District only)

- Maximum of 8 sq.ft.
- Made onto canopy material

VI. FEES: TOTAL CONSTRUCTION COST OF SIGNS

Electric	\$150.00 plus 5% of construction cost in excess of \$1,000.00
Non-electric	\$100.00 plus 5% of construction cost in excess of \$1,000.00



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VI. AUTHORIZATION FOR REPRESENTATION: (If the owner/applicant is requesting to be represented)

I, _____, the owner of the subject property identified in this application, do hereby authorize _____ to act on my behalf in all matters pertaining to the processing and approval of this application, including modifying the project accordingly to the terms and conditions set forth by the City of Covington. I agree to be bound by all representatives and agreements made by my designated representative.

Signature of Owner/Applicant: _____ Date: _____

Signature of Representative: _____ Date: _____

VII. CERTIFICATION:

I, _____ the owner or authorized representative of the owner(s), read and understand the contents of this application. I certify that that the information contained herein, including attachments and all other supporting information, is complete and true, to the best of my knowledge. I further agree that to save, indemnify, and keep harmless the City of Covington, its officers, employees, and agents against all liabilities, judgments, costs, and expenses which may accrue against them in consequence of the granting of this permit, inspections, or use of any on-site or off-site improvements placed by virtue hereof, and will in all things strictly comply with all applicable rules and ordinances. Signature constitutes an attestation by the owner or owner's authorized representative(s) that application complies with all covenants, conditions, and restrictions.

Signature of owner/applicant or representative: _____

Date: _____



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

I, _____ am applying to the City of Covington, Georgia for a
(Name)

____ 1) Alcohol

___x___ 2) Other public benefit as referenced in O.C.G.A. 50-36-1.
(Please describe) _____ sign permit _____

I hereby state, under oath, with respect to my application for

(Name of business, corporation, partnership, or other private entity)

that:

____ 1) I am a United States citizen or a legal permanent resident

OR

____ 2) I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 year of age or older, lawfully present in the United States. *

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

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: <input type="checkbox"/>
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved with Remarks		Is this property located within Covington's Historic District? <input type="checkbox"/> Yes, <input type="checkbox"/> No	
MAIN STREET MANAGER		Is property located within the TCR or TCM zoning districts? If yes, please see Main Street Director 770 385 2077.	
Date COA Submitted to Main Street Mgr:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Main Street Manager's Comments: Approved <input type="checkbox"/> Denied <input type="checkbox"/> Main Street Manager's Signature: _____	
SIGN CODE REGULATIONS		Inspection Date:	Inspector:
Approved: <input type="checkbox"/>		Approved with Remarks: <input type="checkbox"/>	