



# Sign Permit Application

Department of Community Development

240 Carrollton Street, Temple GA 301179 (770)562-3369

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

## Part I Application Information

1. Sign Owner/Applicant:	Phone Number:
Address, City, State & Zip Code:	Email Address:
2. Property Owner (if different from Applicant):	Phone Number:
3. Sign Company/Contractor:	Phone Number:
Address, City, State & Zip Code:	Email Address:
4. Name of Business	OTC#

## Part II Sign Information

Sign Location/Address: \_\_\_\_\_

Tax Map# \_\_\_\_\_ Parcel # \_\_\_\_\_ Land Lot# \_\_\_\_\_ District# \_\_\_\_\_ Parcel Size \_\_\_\_\_

**Location**

On-Premise

Residential

Commercial (under 4 lanes)

Commercial 4-lane highway

Special Corridor District

Off- Premise:

Residential

Commercial

Industrial

**Type**

Wall Sign

Free Standing Sign

Monument

Post & Arm/Pole

Permanent Marquee

Projecting Sign

Awning

Off-Premise Directional

Billboard (C & I only)

**What types of signs are currently on premises?**

## Part III: Building Information

Is the signage for a newly constructed building?

Yes  No

Date Filed: \_\_\_\_\_

Building Permit# \_\_\_\_\_

**Lighting of Signage:**

Internal

External

No Illumination

Hours of Illumination: \_\_\_\_\_

(i.e. 6AM-10PM)

If I plan to **illuminate** my sign, you must provide a Certificate of Illumination Compliance by a licensed engineer. (Enclosed in application packet) and schedule an electrical inspection.

# SIGNAGE PLAN REVIEW SHEET

Applicant (Please fill out the top portion of the Plan Review Sheet)

Date Received: \_\_\_\_\_ # of Plans: \_\_\_\_\_  
Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Builder: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Power Company Provider  Carroll EMC  Georgia Power  Greystone  
Cost of Construction of Sign(s) \$ \_\_\_\_\_

## Administrative Use Only

- |  |   |
|--|---|
| <input type="checkbox"/> Approved          | <input type="checkbox"/> Preliminary            |
| <input type="checkbox"/> Approved as noted | <input type="checkbox"/> Final                  |
| <input type="checkbox"/> Not Approved      | <input type="checkbox"/> Re Submit with changes |

Plans reviewed for Code Compliance by: \_\_\_\_\_

Total Square Footage: \_\_\_\_\_

Valuation: \$ \_\_\_\_\_

Building Permit Fee: \$ \_\_\_\_\_  
Signage Review Fee: \$ 50.00  
Plan Review Fee: \$ 50.00  
Zoning Compliance Fee: \$ 10.00  
Electrical Permit Fee: \$ \_\_\_\_\_

Date Completed: \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

## PARCEL INFORMATION SHEET & APPLICATION FOR ZONING COMPLIANCE CERTIFICATE

*To be completed by Map Room Personnel in Room #414*

**MAP ROOM OFFICIAL:** \_\_\_\_\_

**MAP:** \_\_\_\_\_ **LAND LOT:** \_\_\_\_\_

**PARCEL:** \_\_\_\_\_ **DISTRICT:** \_\_\_\_\_

**CURRENT PROPERTY OWNER:** \_\_\_\_\_

**PROPERTY OWNER AS OF JANUARY 1<sup>ST</sup>:** \_\_\_\_\_

**APPLICANT (IF DIFFERENT FROM OWNER):** \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

  

**SUBDIVISION:** \_\_\_\_\_ **LOT #:** \_\_\_\_\_

**ACREAGE:** \_\_\_\_\_ **PARCEL SPLIT FROM:** \_\_\_\_\_

<b>CURRENT ZONING CLASSIFICATION</b>		
<b>REQUIRED SETBACKS</b>	FRONT	
	SIDE	
	REAR	

- CERTIFICATE OF ZONING COMPLIANCE-- CHECKLIST**
- Owner(s) & Agent (if applicable)
  - Legal Description or Adequate Description of Property
  - Complete Inventory of Existing Structures (noting uses & non-conforming structures)
  - Complete Inventory of Proposed Structures
  - Complete Inventory of Existing Uses and/or Activities
  - Applicant's Certification

**Signature of Zoning Administrator or Designee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

<b>CDP COMPLIANCE</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Signature of CDP Administrator or Designee:</b> _____ <b>Date:</b> _____ <b>Comments:</b> _____
<b>PLAT APPROVED</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Signature of County Engineer or Designee:</b> _____ <b>Date:</b> _____ <b>Comments:</b> _____
<b>APPROVED FOR NEW ADDRESS</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Signature of Zoning Administrator or Designee:</b> _____ <b>Date:</b> _____ <b>Comments:</b> _____

STATE OF GEORGIA  
COUNTY OF CARROLL



**AFFIDAVIT FOR A \_\_\_\_\_**

\_\_\_\_\_, personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted approval for a \_\_\_\_\_ under the Ordinances of Carroll County:

*The information contained within the application attached hereto and filed in the Department of Community Development consists of facts within my personal knowledge that I know are true and correct, and will be relied upon by officials of Carroll County in making a decision whether to issue this Application, License, Permit, or other Department approval.*

*On behalf of the Applicant, I declare that the Applicant, regardless if a partnership, corporation, or other organization or entity that is receiving a benefit under this Application, License, Permit, or other Department approval (whichever is applicable) is not delinquent in the payment of any taxes or fees due Carroll County.*

**FURTHER AFFIANT SAYETH NOT.**

I declare under penalty of false swearing that the above is true and correct.

This \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
AFFIANT (signature)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn to and subscribed  
before me this \_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

If Affiant is authorized to sign on behalf of a partnership, corporation, or other organization or entity, please set forth the entity and address

\_\_\_\_\_  
**Notary Public**

Entity: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**SUB-CONTRACTOR AFFIDAVIT  
FOR BUILDING PERMIT**

*NOTICE: THIS FORM MUST BE COMPLETED, SIGNED (with original signatures in ink) AND SUBMITTED BEFORE ANY PERMITS WILL BE ISSUED.*

PROJECT ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

\*\*\*\*\*  
CONTRACTORS  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ O.T. LIC.# \_\_\_\_\_

\*\*\*\*\*  
ELECTRICAL/COMPANY  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
MASTER'S NAME: \_\_\_\_\_ STATE CARD # \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ O.T. LIC.# \_\_\_\_\_

\*\*\*\*\*  
NOTE: A NEW AFFIDAVIT MUST BE FILED IF ANY CHANGE IN SUBCONTRACTOR'S ARE MADE DURING CONSTRUCTION.

SAID BUILDING WILL BE CONSTRUCTED TO MEET THE REQUIREMENTS OF THE 2000 STANDARD BUILDING CODE, 2000 STANDARD PLUMBING CODE, 2000 STANDARD MECHANICAL CODE, 2000 STANDARD GAS, 1999 NATIONAL ELECTRICAL CODE, 2000 CABO 1 & 2 FAMILY DWELLING CODE, INCLUDING GEORGIA CODE ADDITIONS OR SUPPLIMENTS ADDED TO THE ABOVE CODES.

## Certification of Illumination Compliance

Sign Permit #, \_\_\_\_\_

Please Note: TO BE COMPLETED BY A CERTIFIED ELECTRICIAN AND MAILED OR FAXED TO THE ADDRESS BELOW.

**Carroll County**  
**Department of Community Development**  
423 College Street  
Carrollton, GA 30117  
Phone: 770-830-5861  
FAX: 770-830-5866

Today's Date: \_\_\_\_\_

Building Permit #: \_\_\_\_\_ Lot #: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

Contractor: \_\_\_\_\_

County Name & Business License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Street Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Please check below the type of license you hold and are using for this particular job:

- Electrical Contractor Class I (Restricted to Single-Phase, Not Exceeding 200 AMPS)
- Electrical Contractor Class II (Unrestricted)

By his/her signature, the contractor affirms that the illumination of the any sign constructed on the property listed above will comply with the *Code of Ordinances for Carroll County, Georgia: Regulation of On-Premise and Off-Premise Signage*. Further, the contractor agrees to report accurately the total amount of lumen produced by the signage before the approval of the final electrical permit. In the ordinance, free-standing signs shall be limited to 12,000 lumen, and outdoor advertising signs shall require down-lighting and be limited 20,000 lumen.

*In the event of any change in my status on this installation, I understand that I will be held responsible for this job until Community Development has been notified, in writing, of any change.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Affix Seal  
Here

## Certification of Wind-Load Resistance

Sign Permit #. \_\_\_\_\_

Please Note: TO BE COMPLETED BY A CERTIFIED ENGINEER AND MAILED OR FAXED TO THE ADDRESS BELOW.

**Carroll County**  
**Department of Community Development**  
**423 College Street**  
**Carrollton, GA 30117**  
**Phone: 770-830-5861**  
**FAX: 770-830-5866**

Today's Date: \_\_\_\_\_

Building Permit #: \_\_\_\_\_ Lot #: \_\_\_\_\_  
Job Site Address: \_\_\_\_\_

Engineer: \_\_\_\_\_  
County Name & Business License #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Company Street Address: \_\_\_\_\_  
City, State, ZIP Code: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

By his/her signature, the engineer affirms that the sign structure of 10 feet in height, located at the address above, will withstand wind speeds of 90 miles per hour.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print Name: \_\_\_\_\_

Affix Seal  
Here