



# STEPHENS COUNTY

Building Department

802 E. Doyle Street

Phone: 706-898-5750 Fax: 706-886-2185

**PLEASE BE ADVISED THAT THIS DOCUMENT IS SUBJECT TO THE OPEN RECORDS ACT**

## SIGN PERMIT APPLICATION

**LEGAL DESCRIPTION:**

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

JOBSITE ADDRESS: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

MAP: \_\_\_\_\_ PARCEL: \_\_\_\_\_ LOT: \_\_\_\_\_ PHASE: \_\_\_\_\_ MAPPING DISTRICT: \_\_\_\_\_

SETBACKS: FRONT: \_\_\_\_\_ SIDE: \_\_\_\_\_ REAR: \_\_\_\_\_ FROM WATER: \_\_\_\_\_

OWNER: \_\_\_\_\_

PHONE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

LANDOWNER: \_\_\_\_\_

PHONE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

CONTRACTOR: \_\_\_\_\_

PHONE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

**TYPE OF SIGN:**

Freestanding: Number of Signs: \_\_\_\_\_ Number of Faces: \_\_\_\_\_ Size of Pole: \_\_\_\_\_ Height: \_\_\_\_\_ Square Feet: \_\_\_\_\_

Monument: Number of Signs: \_\_\_\_\_ Number of Faces: \_\_\_\_\_ Height: \_\_\_\_\_ Square Feet: \_\_\_\_\_

Wall Mounted: Number of Signs: \_\_\_\_\_ Height: \_\_\_\_\_ Square Feet: \_\_\_\_\_

Other Type of Sign: \_\_\_\_\_

Number of Signs: \_\_\_\_\_ Number of Faces: \_\_\_\_\_ Height: \_\_\_\_\_ Square Feet: \_\_\_\_\_

**Total Square Feet:** \_\_\_\_\_

### IMPORTANT NOTICE

A permit becomes null and void if the work it authorizes does not commence within 180 days of its issuance. A required inspection must occur within 180 days of the issue date of a permit or the job will be considered abandoned and the permit will become null and void. If the permit becomes null and void, it will be necessary to renew the permit and pay all appropriate fees prior to any future inspections. I have read and understand the preceding statements. \_\_\_\_\_ (Applicant's initial)

APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

Signature

DATE RECEIVED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

DATE OF ISSUANCE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_