

AUGUSTA LICENSE & INSPECTION DEPARTMENT

PHONE: (706)312-5050

FAX: (706)312-4277

SIGN APPLICATION

(Building mounted signs in Professional, Commercial, and Industrial zones.)

Please fill out all applicable blanks and submit with required paperwork to the License & Inspection Department. Generally, approval or disapproval of the completed application will be made within 5 working days of submission.

Business Name: _____

Property Address (location of sign): _____

Business Owner: _____ Phone #: _____

Sign Applicant: _____ Phone #: _____

Is this a shopping center location? ___ (yes) ___ (no) Individual building? ___ (yes) ___ (no)

Are there other signs attached to the wall? ___ (yes) ___ (no).
(Provide dimensions of all existing wall mounted signs.)

SIGN FACE

SIGN AREA

BUILDING MOUNTED SIGN (existing) L _____ (x) W _____ SQ. FT.

BUILDING MOUNTED SIGN (proposed) L _____ (x) W _____ SQ. FT.

ZONING CLASSIFICATION: _____ BUILDING WIDTH: _____ linear feet.
(Linear foot of building width parallel to the street.)

Valuation of sign \$ _____ U. L. Approved ___ (yes) ___ (no)
U. L. # (s) _____

A drawing showing sign, front building elevation/dimension, and plot plan must be attached to this application.

LICENSE & INSPECTION DEPARTMENT:

Zoning Classification: _____

Approved ___ Denied ___ By _____ Date _____

AUGUSTA LICENSE & INSPECTION DEPARTMENT

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(On-premises freestanding/directional signs in Professional, Commercial, and Industrial zones.)

Please fill out all applicable blanks and submit with required paperwork to the License & Inspection Department. Generally, approval or disapproval of the completed application will be made within 5 working days of submission.

Business Name: _____

Property Address (location of sign): _____ Map & Parcel: _____

Business Owner: _____

Sign Applicant: _____ Phone #: _____

Is this a shopping center location? _____ (yes) _____ (no).

Are there other signs at this location? _____ (yes) _____ (no).

Zoning Classification: _____ Interstate Sign Overlay Zone (ISO) _____ (yes) _____ (no).

	SIGN FACE	STURCTURE AREA	HEIGHT
EXISTING ONSITE FREESTANDING (individual)	L _____ (x) W _____	_____ SQ. FT.	_____
PROPOSED ONSITE FREESTANDING	L _____ (x) W _____	_____ SQ. FT.	_____
DIRECTIONAL SIGN (existing)	L _____ (x) W _____	_____ SQ. FT.	_____
DIRECTIONAL SIGN (proposed)	L _____ (x) W _____	_____ SQ. FT.	_____

SETBACKS: Front _____ FT. Measured from back of curb _____ or right-of-way _____
Rear _____ Side _____

Valuation of sign \$ _____ U.L. Approved _____ (yes) _____ (no)
U.L. # (s) _____

A drawing showing existing and proposed sign location, and a plot plan must be attached to this application.

LICENSE & INSPECTION DEPARTMENT:

Zoning Classification: _____ Interstate Sign Overlay Zone (ISO) _____ (yes) _____ (no)
Planned Development Riverfront Zone _____ (yes) _____ (no) Historic District _____ (yes) _____ (no)
Approved _____ Denied _____ By _____ Date _____

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OFF PREMISE SIGN APPLICATION

(Off-premise sign: General Business (B-2), Light Industrial (LI), Heavy Industrial (HI) zones.)

Please fill out all applicable blanks and submit with required paperwork to the License & Inspection Department. Generally, approval or disapproval of the application will be made within 5 working days of submission.

Business Name: _____

Name of Applicant (Contractor): _____

Phone # _____ Address: _____

Valuation of Sign: \$ _____

Name of Landowner: _____

Physical address of sign: _____

Location plat, approved by Planning Commission _____ (yes) _____ (No)

Zoning Classification: _____

Sign address location: two-lane roadway _____, or more than two lanes _____.

Are there other signs at this location? _____ (yes) _____ (no).

	SIGN FACE	STRUCTURE AREA	HEIGHT
Off-Premise Sign	L _____ x W _____	_____ SQ. FT.	_____

SETBACKS: Front _____ Measured from back of curb _____ or right-of-way _____
Rear _____ Side _____

Is a drawing showing sign attached to this application? _____ (yes) _____ (no).

(A drawing is required for all signs except banners.)

LICENSE & INSPECTION DEPARTMENT:

Approved _____ Denied _____ By _____

- Approval/Denial of a permit application will be made within 5 working days of submission.



Project Name:

Address:

Please Note:

Construction or work for which a permit is required shall be subject to inspection by the Building Official and such construction or work shall remain accessible and exposed for inspection purposes until approved. Therefore, it shall be the duty of the holder of the permit or their duly authorized agent to notify the Licensing and Permitting Department @ (706) 312-5050, with your permit number when work is ready for an inspection.

Please be advised that a citation may be issued if the proper inspections are not requested.

Sign Contractor Signature: _____

Date: _____

Building Slab
Final Bldg.
Final Elect