



PERMIT APPLICATION TO INSTALL A NEW OR ALTER AN EXISTING ADVERTISEMENT SIGN

115 East M. L. King Jr. Drive,
Hinesville GA. 31313
(912) 876-4147
FAX (912) 876-4770

REQUIRED INFORMATION FOR SIGN PERMIT APPROVAL (AN INCOMPLETE APPLICATION WILL BE RETURNED TO APPLICANT WITHOUT ACTION)

- | | | |
|---|--|---|
| 1. SCALED SITE PLAN (8 1/2" X 11") | 6. WIND STRUCTURAL LOAD INFORMATION | 10. UL CERTIFICATE FOR ELECTRIC SIGNS OR OTHER NATIONALLY RECOGNIZED TESTING LABORATORY (NRTL) CERTIFICATION. |
| 2. SCALED DRAWING OF WALL ELEVATION WHERE SIGN WILL BE INSTALLED (8 1/2" X 11") | 7. ENGINEERED FOOTER DETAILS | |
| 3. SCALED DRAWING OF SIGN (8 1/2" X 11") | 8. MOUNTING / ANCHORING DETAILS | |
| 4. ELECTRICAL PERMIT FOR ILLUMINATED SIGNS | 9. ELECTRICAL EQUIPMENT DIAGRAM & CALCULATIONS | |
| 5. LETTER OF AUTHORIZATION FROM BUILDING OWNER TO INSTALL SIGN | | |

SIGN OWNER INFORMATION

NAME: _____ BUSINESS NAME: _____
 BUSINESS ADDRESS: _____ TYPE OF BUSINESS: _____
 BUSINESS PHONE: _____ FAX: _____ MOBILE PHONE: _____
 PRIMARY EMAIL ADDRESS: _____ ALTERNATE EMAIL ADDRESS: _____

BUILDING OWNER INFORMATION

NAME: _____ TYPE OF OWNERSHIP: INDIVIDUAL CORPORATION OTHER
 MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____ OTHER PHONE: _____
 PRIMARY EMAIL ADDRESS: _____ ALTERNATE EMAIL ADDRESS: _____

CONTRACTOR / INSTALLER INFORMATION

NAME: _____ PRIMARY EMAIL ADDRESS: _____
 BUSINESS LICENSE NUMBER: _____ ISSUING CITY/COUNTY: _____ EXPIRATION DATE: _____
 MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____ MOBILE PHONE: _____

SIGN INFORMATION

TYPE: AWNING SIGN MARQUEE PARAPET SIGN STANCHION / POLE SIGN ILLUMINATED
 BILLBOARD MANSARD PROJECTING SIGN WALL SIGN NON-ILLUMINATED
 CANOPY SIGN MONUMENT READER BOARD WINDOW SIGN
 FACE CHANGE (EXISTING SIGN) NEON SIGN RESIDENTIAL DEV. SIGN VARIABLE MESSAGE LED OTHER (SPECIFY) _____

Note: All electric signs shall be listed and installed in conformance with that listing, unless otherwise approved by special permission.

REQUESTING SIGN TO BE INSTALLED AS: CONFORMING NON-CONFORMING; TO CITY CODE OF ORDINANCES SPECIFICATIONS

VALUATION \$ _____ Sign Location: _____

SIGN SPECIFICATIONS

DISTANCE FROM TOP OF HIGHEST POINT OF SIGN (INCLUDING SUPPORTS): _____ FEET Is this sign third party listed? YES NO SINGLE FACE DOUBLE FACED
 DISTANCE FROM BOTTOM OF SIGN FACING TO THE GROUND: _____ FEET SIGN MANUFACTURER'S E-FILE CERTIFICATION NUMBER: E- _____
 HEIGHT OF SIGN FACING: _____ FEET (MULTIPLY BY) LENGTH OF SIGN FACING: _____ FEET = TOTAL AREA (SQ. FT.): _____
 PROPOSED DISTANCE BETWEEN LEADING EDGE OF SIGN AND PROPERTY LINE: _____ (MINIMUM 10 FEET REQUIRED SETBACK FROM PUBLIC RIGHT-OF WAY/PROPERTY LINE)

BUILDING FRONTAGE INFORMATION

FRONT WALL HEIGHT: _____ FT. X FRONT WALL LENGTH: _____ FT. = _____ TOTAL STOREFRONT SQ. FT. X _____ % = MAX AREA OF SIGN ALLOWED: _____ SQ. FT.

"I HEREBY CERTIFY that the above information is correct to the best of my knowledge and that the installation will conform to the current Code of Ordinances (#2003-06, Appendix A, Article VIII) of the City of Hinesville. I further agree to indemnify and save harmless the City of Hinesville from any liability, damages or losses resulting directly or indirectly from the erection, use, maintenance or alteration of the sign described above. I further acknowledge that I am fully aware of the civil penalties that may be imposed upon me for violations of the standards prescribed by the code of ordinances of the City of Hinesville regulating advertisement signs."

Printed Name of Sign Owner, Manager, Sign Installer or Authorized Representative _____
 Signature of Sign Owner, Manager, Sign Installer or Authorized Representative _____ Date _____

FOR OFFICE USE ONLY

APPLICANT MUST NOT WRITE ANYTHING BELOW THIS LINE.
THIS WILL BE YOUR PERMIT WHEN PROPERLY VALIDATED BELOW

ZONING REVIEW

LCTM #: _____ PARCEL #: _____ ZONING DISTRICT: _____ APPROVED USE AS: CONFORMING NON-CONFORMING
 ZONING: APPROVED DISAPPROVED
 REVIEWER'S NAME/TITLE _____ DATE _____

STRUCTURAL / ELECTRICAL REVIEW

INSTALLATION PLAN: APPROVED DISAPPROVED
 STRUCTURAL PLAN APPROVED DISAPPROVED
 ELECTRICAL PLAN: APPROVED _____
 REVIEWER'S NAME/TITLE _____ DATE _____

FINAL REVIEW

DIRECTOR OF INSPECTIONS OR AUTHORIZED AGENT _____ DATE _____ PERMIT REQUEST: APPROVED DISAPPROVED

COMMENTS: _____

PERMIT # : _____ PROJECT # : _____ SIGN REGISTRATION DECAL # : _____
 PERMIT FEE: \$ _____ PAID BY: CASH CHECK # : _____ FINAL INSTALLATION INSPECTION DATE : _____ INSPECTOR _____