



# City of Lovejoy

## Sign Permit Application

2296 Talmadge Road, PO Box 220, Lovejoy, Georgia 30250

Phone: 770-471-2304

[www.cityoflovejoy.com](http://www.cityoflovejoy.com)

Residential     Commercial

Submission Date: \_\_\_\_\_

Application is hereby made according to the laws and ordinances of the City of Lovejoy for a permit to erect, alter, and/or use a structure as described herein or shown accompanying plans and specifications, to be located as shown on plot plan and, if granted, will conform to all laws and ordinances regulating same.

<b>SITE</b>	Address:		Project/Subdivision:		
	City: Lovejoy, GA 30250		LL:	District:	Zoning:
<b>SIGN INFORMATION</b>	Sign Description				
	<b>Structure Type:</b> <input type="checkbox"/> Ground Sign <input type="checkbox"/> Projecting Sign <input type="checkbox"/> Wall Sign <input type="checkbox"/> Temporary Sign <input type="checkbox"/> Interstate Sign <input type="checkbox"/> Billboard <input type="checkbox"/> Roof Sign <input type="checkbox"/> Entrance Sign <input type="checkbox"/> Awning Sign <input type="checkbox"/> Window Sign <input type="checkbox"/> Subdivision Sign <input type="checkbox"/> Other, Please specify: _____				
	Height Above Grade		Material		
	Size of Sign _____ x _____	Total area per side	Total Square Footage of building facade:		Setback from ROW:
	Lettering Material				
	<b>Electrical Requirements</b> <input type="checkbox"/> Outlets <input type="checkbox"/> Lighting <i>Separate Electrical Permit required if installing new electrical connections</i>			<input type="checkbox"/> Power Connect	Exterior Finish Material

<b>PROPERTY OWNER</b>	Owner Name:			<b>CONTRACTOR</b>	Name:		
	Address				Address		
	City	State	Zip		City	State	Zip
	Telephone:	Email:			Telephone:	Email:	
	Estimated Construction Cost				Bus. License No:		City/County

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction.

Date: \_\_\_\_\_ Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Owner's Name: \_\_\_\_\_ Owner's Signature: \_\_\_\_\_

\*Affidavit required in if not signed by property owner

NOTICE: Separate permits are required for electrical, plumbing, heating, ventilation, air conditioning or prefab fireplaces. This permit becomes null and void if work authorized is not commenced within six (6) months or if work is suspended or abandoned for a period of six (6) months at anytime after it is begun.

Proper permits must be obtained before work is begun or fees shall be doubled.

### Do not complete the following – Office Use Only

<input type="checkbox"/> Original Color Renderings with Dimensions Submitted	Approved by: _____		
<input type="checkbox"/> Variance Required <input type="checkbox"/> Yes [Attach copy of application]	Fee: \$ _____	<input type="checkbox"/> No	Approved Date: _____
<input type="checkbox"/> Applicant's Driver's License	<input type="checkbox"/> Business License		
1 sq ft to 50 sq ft \$ _____	51 sq ft to 300 sq ft \$ _____	301 sq ft or more \$ _____	
Issued by: _____	Payment Amount: \$ _____	Payment Type	Issue Date: _____