



400 East Main Street
 Hogansville, GA 30230
 Phone: 706-637-8629
 Fax: 706-637-4813
 Email:

Permanent Sign Permit Application

| | | | |
|---|---|---------------------------------|---|
| Subject Property | Address: | | |
| | | | |
| Property Owner | Parcel ID: | Lot Size: | <input type="checkbox"/> s.f. <input type="checkbox"/> acre |
| | Name: | | |
| | Address: | | |
| | Phone: | Fax: | Email: |
| | Owner's Name: | | |
| | Owner's Address: | | |
| | Phone: | Fax: | Email: |
| | Sign Information | | |
| | Sign Type: | Shape of Sign: | |
| | Height of Sign: | Lighting Type: | |
| Color & Material: | Dimensions/Area: | | |
| Floor Area of tenant space (wall sign): | Width of Wall/Tenant Space (wall sign): | | |
| Floor Area of building (ground sign): | Set Back From Right of Way (ground sign): | | |
| Content of Sign: | | | |
| Sign Contractor | Company Name: | Occupational Tax Certificate #: | |
| | Contact Name: | | |
| | Address: | | |
| | Phone: | Fax: | Email: |
| | <i>I hereby certify that all information provided herein is true and correct and I acknowledge compliance with all requirements of the City of Hogansville Zoning and Sign Ordinance. If any information is found to be false or misrepresented, the permit will be deemed invalid. I agree to indemnify and hold the city harmless from all damages, demands or expenses of every character which may in any manner be caused by the sign or sign structure.</i> | | |
| | Applicant's Name: | | |
| | Applicant's Signature: | Date: | |
| | Property Owner's Name: | | |
| | Property Owner's Signature: | Date: | |
| | Staff Only | | |
| Received by: | Decision: | Date: | |
| Permit #: | Zoning Case #: | Date: | |
| Fee Received by: | Receipt #: | Total Fee: | Date: |