



**City of Hogansville**

400 E. Main Street  
Hogansville, GA 30230  
(706) 637-8629  
Fax (706) 637-4813

**PERMANENT SIGN PERMIT APPLICATION**

**SUBJECT PROPERTY**

Address \_\_\_\_\_  
Parcel ID \_\_\_\_\_ Lot Size \_\_\_\_\_  s.f.  acre  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**PROPERTY OWNER**

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 \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

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.

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_  
Applicant's Signature \_\_\_\_\_

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

**STAFF ONLY**

Received By \_\_\_\_\_ Decision \_\_\_\_\_ Date \_\_\_\_\_  
Permit # \_\_\_\_\_ Zoning Case # \_\_\_\_\_ Date \_\_\_\_\_  
Fee Received By \_\_\_\_\_ Receipt # \_\_\_\_\_ Total Fee \_\_\_\_\_ Date \_\_\_\_\_