

SIGN PERMIT APPLICATION

- ✧ Submit your application via the customer service portal at eTRAC.savannahga.gov. ✧
- ✧ Contact Development Services at (912)651-6510 for assistance. ✧
- ✧ You may also submit your Sign Permit Application in person at 20 Interchange Dr. (31415). ✧

Project Site

Site Address: _____ PIN: _____
 Business Name: _____
 Applicant Name: _____ Email: _____
 Phone: _____ **Valuation of Job** (Include Labor, Materials, Profit): \$ _____

Description of Work

Complete Description of Work: _____

Proposed Work

- New Sign/Awning Replace Existing Sign/Awning Alteration to Existing Sign/Awning Temporary Sign

Type of Sign

- Freestanding/Ground Fascia/Wall Announcement: **Electronic or Manual (circle one)**
 Directory Projecting Billboard: **Digital or Poster (circle one) with \$250 Application Fee**
 Non-illuminated Internally Illuminated Externally Illuminated Temporary/Banner: Dates _____

Sign Dimensions

Width = _____ ft. Height = _____ ft. Overall Height = _____ ft. Depth = _____ ft.
 Total Area = _____ sq. ft. Lot Width = _____ ft. Building Width = _____ ft. Wall/Window Projection = _____ ft.
 Freestanding/Ground Sign: Distance from Edge of Sign to Right-of-Way = _____ ft.

Certificates, Permits and Agreements

Is this sign within a Historic District? Yes No If Yes, has a Certificate of Appropriateness (COA) been issued? Yes No

If Yes, plans must be stamped by the Historic Preservation Officer and a copy of the COA must be provided.

*If No, contact the **Historic Preservation Office** at (912)651-1440.*

Is the sign within the Right-of-Way? Yes No If Yes, provide **Encroachment Petition**.

Is the sign within an easement? Yes No If Yes, provide the signed Developer / COS **Principal Use Sign Permit Agreement**.

Is an Electronic Announcement Sign proposed? Yes No If Yes, provide the signed **Announcement Sign Agreement**.

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Sign Contractor

Company: _____ Business Phone: _____
 Contact Name: _____ Cell: _____ Email: _____
 Address: _____ City/State: _____

Electrician

Company: _____ Business Phone: _____
 Contact Name: _____ Cell: _____ Email: _____

Applicant Certification

I hereby certify that I have answered all of the questions contained herein and know the same to be true and correct. All work performed under this permit must comply with State law and local ordinances. Further, I understand that any permit issued, based upon false information or misrepresentation provided by the applicant, will be null and void and subject to penalty as provided by law and ordinance.

Printed Name of Applicant (Not Company Name)

Signature of Applicant

Date

FOR OFFICE USE ONLY

Zoning District: _____ Street Type: _____	Permit Fees: Total Permit: \$ _____
Zoning Use: _____ Height Allowed: _____ Area Allowed: _____	Due: \$ _____ Paid: \$ _____ Chk/MO#: _____
COA Approved: _____ Encroachment Petition: _____	Rem. Bal.: \$ _____ Rem. Paid: \$ _____ Chk/MO#: _____

Plans Reviewed by: Flood: _____ Zoning: _____ Building: _____ Life Safety: _____ Elect: _____ Plumb: _____ Mech: _____