



# City of Lovejoy

## Sign Permit Application

2296 Talmadge Road, PO Box 220, Lovejoy, Georgia 30250  
Phone: 770-471-2304

Residential     Commercial

**Minimum Fee \$200.00**

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	<i>Lovejoy, GA 30250</i>	LL:	District:	Zoning:

<b>SIGN INFORMATION</b>	<b>Sign Description</b>				
	<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				
	Electrical Requirements <input type="checkbox"/> Outlets <input type="checkbox"/> Lighting <input type="checkbox"/> Power Connect <i>Separate Electrical Permit required if installing new electrical connections</i>			Exterior Finish Material	

<b>PROPERTY OWNER</b>	Address			<b>CONTRACTOR</b>	Address		
	City	State	Zip		City	State	Zip
	Telephone:		Other		Telephone:		Other
	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		DATE: _____
<input type="checkbox"/> Original Color Renderings With Dimensions Submitted Variance Required <input type="checkbox"/> Yes [Attach copy of application] Fee \$ _____ <input type="checkbox"/> No		
<input type="checkbox"/> Applicant's Driver's License <input type="checkbox"/> Business License		
<input type="checkbox"/> 1 sq ft to 50 sq ft - \$100.00 <input type="checkbox"/> 51 sq ft to 300 sq ft - \$200.00 <input type="checkbox"/> 301 sq or more - \$800.00		
Issued by: _____ Payment Amount: _____ Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order		

Original- File

Yellow – Tax Assessor

Pink- Applicant

PERMIT Form E (REV 10/20)