



SIGN VARIANCE APPLICATION

TELEPHONE 706-375-3177

DATE: _____

Applicant Name: _____

Applicant Mailing Address _____

Applicant Phone Number _____

Address of Property Where Sign Will Be Placed _____

Area of Sign Face _____ Dimensions of Sign Face & Support Structures _____

Setbacks from Right-of-Ways _____ Method of Illumination _____

Is Sign Over Six (6) Feet in Height or a Hanging Sign YES _____ NO _____ If YES, include Wind Certification with Sign Plans.

Is a Non-Conforming Sign Located on the Property NO _____ YES (describe) _____

Reason for Variance Request: _____

Are you the Property Owner? YES _____ NO _____ Valuation Cost of Sign _____

If No, Property Owner's Name _____

Property Owner's Address _____

I hereby attest that I am the owner of the referenced property or I have attached NOTARIZED written permission signed by the owner authorizing this application.

Signature _____ **Date** _____

OFFICE USE ONLY

Zoned As _____ Owner Permission Attached (if required) _____

Application Approved By _____ Date _____

Application Fee: \$ _____ Receipt # _____ Date _____ By: _____