

Chatham County Department of Building Safety & Regulatory Services P.O. Box 8161, Savannah, GA 31412-8161 912-201-4300 - Fax 912-201-4301



Gregori S. Anderson, CBO Director Clifford Bascombe, CBO, CFM Assistant Director

PERMANENT SIGN PERMIT APPLICATION

P.I.N.:_1 <i>P.I.N. can be obto</i>	nined from the Tax Assessors Office (912) 652-7271.
Project Address:	
Subdivision:	Phase: Lot:
<u>Owner</u>	
Name:	
Address:	
City:	State: Zip:
Person applying for permit:	
Name:	Phone No. ()
Company:	
Address:	
General Contractor	
	Name
Company:Address:	
Telephone No. ()	
Sign Description:	
□ New □ Addition/Alteration to existing	Replacement
Other	

Type of sign:	Freestanding (\Box Monument/ \Box Pole)		🗆 Facia		
Size of sign:	Length	Width_		Total Area	Sq. Ft.
Finish height ab	oove grade:				
Is there an exis	ting sign on the prope	rty?	🗆 Yes	□ No	
If Yes:	Total number of existi	ng signs: _		_Total area existing sign	s:Sq. Ft
Is the sign elect	rical: 🗆 🗆 Yes (Includ	e electrica	l contra	ctor information)	□ No
Is there an LED,	, LCD, or similar electro	onic reade	er board:	: 🗆 Yes	□ No

Valuation of project (include labor, material, and profit): \$_____

The following information must be submitted before a permit can be issued.

- Two (2) sets of plans and drawings containing construction and installation details showing:
 - a. Size of sign

1.

- b. Size of support members
- c. How sign is fastened to support members
- d. Depth of support member into ground
- e. Other structural braces
- f. Height above grade (ground)
- 2. Two sets of site plans showing what's existing on the lot (buildings, easements, existing signs, etc.), the property line, right-of-way, driveways, street trees in the immediate area, where the sign is to be located, and the distance to other structures and streets.
- 3. Two colored, dimensioned elevation to include total square footage and finished height.
- 4. Copy of current State and local business license for builder and electrician.
- 5. Completed subcontractor form.

It is understood and agreed by the undersigned owner or agent that the approval of this application does not constitute a privilege to violate the building codes, zoning ordinance, or other ordinances of Chatham County and that any omission of or misrepresentation of fact with or without intention of the undersigned or any alteration from this application (including changing subcontractors) without the approval of the Building Official shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. The owner is listed above will be held responsible for insuring that all permits have been obtained and that all required inspections have been made. The owner will be held legally liable for any violations which may occur with or without his or her knowledge. The owner may request a Certificate of Completion when all required inspections have been approved.

Owner/Agent	
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_____ Date_____

For Office Use Only

Approved_____

Date: _____



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Gregori S. Anderson, CBO Director

Clifford Bascombe, CBO, CFM **Assistant Director**

MEMBER

CHATHAM COUNTY SUBCONTRACTOR LIST

Job Location				
Owner's Name				
General Contractor				
SIGN WORK Date I hereby certify that I will perform the sign work for the project described above and I further certify that I have a valid State and Local Business Tax Certification (license). Local Business License # Jurisdiction Company Name Date				
Signature	Phone No. ()			
ELECTRICAL Date				
I hereby certify that I will perform the electrical work further certify that I have a valid State and Local Busi Local Business License # Jurisdictic	for the project described above and I ness Tax Certification (license)			

Company Name _____ Phone No. () -Signature