



Sign Permit Application

Community Development Department Phone: 678-421-2027
65 Lawrenceville Street Norcross, GA 30071

SIGN LOCATION			
Address where sign will be located:	Suite or Lot #:	Subdivision/Tenant:	
Business Name:	Phone #:	Business License #:	
LANDOWNER INFORMATION			
Landowner Name:	Phone #:	Email:	
Landowner Address:	City:	State:	Zip Code:
Landowner Name/Agent Signature:		If Agent Provide Full Name and Title:	
BUSINESS OWNER INFORMATION			
Business Name:	Phone #:	Email:	
Mailing Address (if different than above):	City:	State:	Zip Code:
SIGN CONTRACTOR			
Company Name:		Contact Person:	
Address:	City:	State:	Zip Code:
Phone #:	Email:		
SIGN INFORMATION			
<input type="checkbox"/> Temporary <input type="checkbox"/> Freestanding <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____			
Sign dimensions (inches): Sign 1: Height _____ Width _____ Sign 2: Height _____ Width _____ Sign 3: Height _____ Width _____	Total Combined Area (sq/ft): _____	Height above grade: Sign 1: _____ Sign 2: _____ Sign 3: _____	
Material:	Distance from ROW (For Freestanding Signs):		
Beginning Date (Temporary Signs):	Ending Date (Temporary Signs):		
I hereby certify that all information provided herein is true and correct. I am aware of Article IV: Sign Regulations, and agree to comply with the City of Norcross Unified Development Code.			
Applicant Signature: _____		Date: _____	



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CHECKLIST

- Submit before and after rendering or photo showing the location of the sign on the building
- Dimensioned drawing depicting the proposed signs' location and indicating height, width, and construction materials
- Detail explaining how the sign will erected and/or mounted
- Copy of the business license and insurance card for the sign company and/installation company
- A building permit is required for all ground signs over 4 feet in height measured from the bottom of the footing to the top of the exposed portion of the sign.



Owner Affidavit

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Section I. Land Ownership	
I, _____, hereby attest to ownership of the property located at _____, Parcel ID# _____ for which this Application is submitted. The Ownership, as recorded on the deed, is in the name of _____.	
Section II. Type of Ownership	
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation/LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Government	
Corporation/LLC/Partnership Name:	Secretary of State Registration Number:
	Registered Agent Name:
Provide Names of all Officers/Members/General Partners (If applicable):	
Registered Agent Address:	Registered Agent Phone #:
COMPLETE BY OWNER	
As the owner of the above designated property for which this affidavit is submitted, I wish to allow _____ (applicant's name) to apply for a _____ for the address mentioned in Section I of this form. I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.	
NOTARY	
Owner states under oath that he/she is the owner of the property described under Section I, which is made part of this Application.	Sworn and subscribed before me this _____ day of _____, 20_____.
Name:	Notary Public:
Address:	Seal:
City, State, Zip Code:	
Email address:	
Phoner Number:	
Owner's signature:	Commission expires: