



SIGN PERMIT APPLICATION

25 LaGrange Street, Newnan, GA 30263
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SIGN DIMENSIONS	ft X ft = SQFT	SIGN HEIGHT	ft	SIGN COST	\$ _____ (labor & materials)
SIGN INFORMATION	Street Address _____			TENANT	Business Name _____
	Parcel Id # _____				Phone _____
SIGN INFORMATION	Zoning <input type="checkbox"/> Industrial <input type="checkbox"/> Office Zoning Type: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial District: _____ <input type="checkbox"/> Wall\Building <input type="checkbox"/> Monument\Ground <input type="checkbox"/> Menu Board\Drive-thru Sign <input type="checkbox"/> Window <input type="checkbox"/> Suspended\Projecting <input type="checkbox"/> Directory\Direction Type: <input type="checkbox"/> Highway <input type="checkbox"/> Time & Temperature <input type="checkbox"/> Residential\Subdivision <input type="checkbox"/> Flag <input type="checkbox"/> Variable Message <input type="checkbox"/> Marquee\Canopy			CONTRACTOR	Name _____
					Phone _____
APPLICANT	Name _____			QUESTIONS	Does this sign replace existing sign and/or structure? <input type="checkbox"/> Y <input type="checkbox"/> N
	Address _____				Does this sign use LEDs for illumination or animation? <input type="checkbox"/> Y <input type="checkbox"/> N
City, State, Zip _____			Does the sign surface\message change electronically? <input type="checkbox"/> Y <input type="checkbox"/> N		
Phone # _____			Does the sign surface\message change mechanically? <input type="checkbox"/> Y <input type="checkbox"/> N		
Email _____ <small>(If applicant is <u>not</u> landlord or property owner, please attach copy of their written consent for this sign)</small>			Is the sign out of the right-of-way (ROW)? <input type="checkbox"/> Y <input type="checkbox"/> N		
			Did this sign require GDOT, Special Exception Use, or a Variance approval? If yes, provide date _____ <input type="checkbox"/> Y <input type="checkbox"/> N		

SIGN REGULATIONS	SIGN	Bldg, Wall, Canopy, Suspended, Projected	Monument, Ground	Window, Directory	Flag	Subdivision	A-frame, Sandwich Board	REQUIREMENTS CHECKLIST
	AREA	10% of front elevation area Max. 75sf: Commercial* Max. 150sf: Industrial*	Max. 16sf: Residential* Max. 32sf: Commercial* Max. 50sf: Industrial*	Max. 6sf	Max. 40sf	Max. 32sf	Max. 8sf	
HEIGHT	Suspend\Projected\Canopy: Min. 8' 6" above sidewalk	Max. 5': Residential Max. 6': Commercial* & Industrial*	N/A	Pole: 20' Mast: 10'	Max. 6'	Max. 4'		
LOCATION	N/A	5' behind the right of way (ROW), 60' from I-85	N/A	Cannot extend into ROW	5' behind the ROW	Against bldg only, Not allowed in sidewalk\curb		
NUMBER	1 sign per street frontage; Minimum 200 apart	1 sign per street frontage; Minimum 200 apart	Window: 1 per street side	3 poles\lot; Max 4 flags	2 signs per entrance	1 per business\lot		
OTHER	Not allowed in residential	Overlays may require or prohibit specific materials	Directory: 1 per lot	(see Sec 31.160(c))	No internal illumination	Out only during business hours		

ZONING RESTRICTIONS		Building, Wall, Canopy	Monument, Suspended	Window, Directory	Flag, A-frame, Sandwich Board	Banner, Projected	Subdivision	Incidental	Marquee	Time & Temperature, Variable Message	Animated, Pennant, Roof	Temporary Freestanding
	RU-1, RS-20, RS-15, RU-7, PD-R	N	N	N	P	N	S	N	N	N	N	N
RML, RMH, RU-2	S	S	S	P	N	S	S	N	N	N	S	
OI-1, OI-2, PD-O	S	S	S	P	S	S	P	S	S	N	S	
CBD	S	S	S	P	S	S	P	N	S	N	S	
CSN, CGN, CHV, CCS, CUN, PD-C	S	S	S	P	S	S	P	S	S	N	S	
ILT, IHV, PD-I	S	S	S	P	S	S	P	S	N	N	S	

P = Allowed without sign permit, S = Allowed ONLY with sign permit, N = Sign not allowed
 *Residential: RU-1, RS-20, RS-15, RU-7, RML, RMH, RU-2, PD-R *Commercial: CSN, CUN, CBD, OI-1, OI-2, PD-C, PD-O *Industrial: CCS, CGN, CHV, ILT, IHV, PD-I

I, the applicant, hereby certify that I have read this application and state that the information is correct, and agree not to install the sign until an approved permit is issued and in hand. I certify that I have the authority to request and sign for this permit, or on behalf of, the property owner. I agree to comply with the laws of this state and the zoning regulations established by the City of Newnan, and any violation of these will cause immediate revocation of the sign permit:

Signature of Applicant: _____ Date _____

OFFICE ONLY	PLANNING:	Approval Conditions?	Comments or Conditions: _____ _____ _____
	Name: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: ____/____/____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes-attached Zoning Overlay(s)? <input type="checkbox"/> QDC <input type="checkbox"/> BEQ <input type="checkbox"/> DDO	