Temporary Sign Permit Application

Department of Planning and Development
67 Athens Street
Jefferson, GA 30549
Phone: (706) 367-5908
Fax: (706) 367-2578

Official use only

Date Received:_____

Signature:_____

Paid: $_____

Approved:_____Denied_____

Building Inspector: _____

Notes:_____

Site Information

Site Address:_____

Zoning District:_____Tax Map:_____Parcel(s):_____

Application/Contractor Information

Name:_____Daytime Phone_____

Address:_____

City, State, Zip:_____

Owner Information

Name:_____Daytime Phone_____

Address:_____

City, State, Zip:_____

Applicant Signature

The applicant hereby agrees to comply with the Unified Development Code of Jackson County, GA

_____

Signature *Date*

Sign Information- Attach Drawings of proposed Sign (s) and SITE PLAN

Type of Temporary Signage Proposed:

Type	# of Signs	# of Sides	Height	Length	Width	Area	Cost of Sign
Short Duration	_____	_____	_____	_____	x _____ =	_____	_____
Long Duration	_____	_____	_____	_____	x _____=	_____	_____

Reason for temporary sign: _____

_____

Number of days sign will be displayed_____

Dates_____to_____

mm//dd//yy mm//dd//yy

SIGN PERMIT FEES

TEMPORARY SIGNS- Only 3 month period within a calendar year. (per Section 789 (d),(e),& (f)of the UDC) $100.00