



DEPARTMENT OF DEVELOPMENT SERVICES
 1113 Usher Street, Suite 204
 Covington, Georgia 30014
 Phone: (678) 625-1650
 Fax: (770) 784-2118

**SIGN PERMIT APPLICATION
 FOR OVERLAY DISTRICTS**

Site Street Address &/or the property upon which subject sign is to be located:

Map & Parcel # _____ Zoning: _____ Overlay District: () Almon () Salem

Type of Sign: () **Ground** - Total linear feet along road frontage of property: _____
 () **Monument** – Site must be staked within 48 hours of application submittal. Permit card must be erected at site.
 () **Wall** – Square footage of building _____ () **Window**
 () **Election Cycle** () **Special Event** () **Other Sign** _____

Sign Area (LXH): _____ Height of Sign: _____ Setback: _____

Material of Sign: _____ Illuminated? () Yes () No

Additional information needed for review of wall signs:

Dimension of wall of structure sign to be placed on: Wall length _____ Wall width _____

Existing Sign Information – If Applying for a ground sign, list all ground signs, if wall sign – list all wall signs, etc:

Number of Signs: _____ Description of Sign(s): _____

Location of Sign(s): _____

Sign Owner/Applicant Information:

Applicant's Name: _____ Contact Person: _____

Applicant's Address: _____ City: _____ Zip: _____

Email: _____ Telephone #: _____

Property Owner Information:

Name: _____

Address: _____ City: _____ Zip: _____

Telephone #: _____ Signature (must have): _____

Sign Contractor Information:

Name: _____ Contact Person: _____

Address: _____ City: _____ Zip: _____

Email: _____ Telephone #: _____



Submittal of the following items are necessary for processing your application. *Incomplete applications will not be accepted.

A. Site plan identifying the location of the sign – all measurements depicted from the property line.

B. TEMPORARY SIGN REQUIREMENTS FOR SALEM OVERLAY

Sec. 460-050 P.3. d & f

d. Temporary signs as allowed in Section 525-060.

f. Flags, or banners, or other advertisement signs are allowed only during operating hours, except weekend directional signs. (US, State Flags, and personal residential flags are allowed). Such signs do not need permits.

Sec. 525-060 LONG-DURATION TEMPORARY SIGNS

A. The following types of long-duration temporary signs may be displayed upon the issuance of a temporary permit from the Director, but are only permitted in the CH, CG, M1 and M2 zoning districts.

1. Inflatable advertising devices and figures less than thirty-five (35) feet in height.
2. Search lights, lasers and similar devices.
3. Banners, including flag banners.

B. Only one (1) long-duration temporary sign or advertising device may be used on one (1) lot at the same time.

C. A temporary permit shall be valid for no more than sixty (60) days. A business or individual cannot request more than one (1) temporary permit every six (6) months.

C. Permit Fee in accordance with the Newton County Development Services Fee Schedule. (\$100 per sign as applicable)

Processing of Application

Upon receipt of a properly completed application the Development Services staff will examine and process the application within ten (10) working days. A permit may be denied if the applicant, landowner or lessee is presently maintaining any sign in violation of the Newton County Zoning Ordinance.

The County shall not be held liable for any damages, demands or expenses which may in any manner be caused by the sign or sign structure. A certificate of liability insurance may be requested prior to issuance of a sign permit.

The permit sticker must be placed on the framework of the sign where it may be easily accessible.

A sign permit shall become null and void if the sign for which the permit was issued has not been completed within a period of six months after the date of issuance.

Applicant's Certification and Signature

I affirm that the information I have provided on this application form is complete, accurate, and true to the best of my knowledge.

Applicant Signature _____ **Date** _____

Applicant Signature _____ **Date** _____

PERMISSION FOR ACCESS

I agree to allow free access to the land this application is being submitted for to all public agencies with jurisdiction. Furthermore, I agree to inform those agencies and/or departments who require access to this land of any hazardous materials, animals, devices or activities that may be on the property. In addition, from the date of application submittal, I agree to notify the Department of Development Services of any hunting activities that are currently, or proposed to be, conducted on my property.

The Newton County Development Services Department will do our upmost to contact the owner of the property twenty-four (24) hours prior to any site inspections or visits to the property. If staff is unable to contact the property owner via a phone call, email and/or voice message, staff will contact the applicant, if applicable.

Property Owner's Signature: _____ **Date:** _____

Applicant's Signature: _____ **Date:** _____

Office Use Only

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Application # _____ **Permit #** _____ **Date Submitted** _____

Approved **Denied**

Reviewer's Signature: _____ **Date:** ____/____/____