

CITY OF CLAXTON
 Post Office Box 829
 206 West Railroad Street
 Claxton, GA 30417
 Telephone (912) 739-1712, EXT 10 Fax (912) 739-0442

SIGN PERMIT APPLICATION

Email Address: _____ Date: _____

Name of Business: _____ Business Phone: _____

Street Address: _____, Claxton, GA 30417

Description of Sign		
Type Signs	Type Frames	Other Characteristics
<input type="checkbox"/> • New Sign <input type="checkbox"/> • Addition <input type="checkbox"/> • Alteration <input type="checkbox"/> • Repair <input type="checkbox"/> • Replacement <input type="checkbox"/> • Moving <input type="checkbox"/> • Relocation <input type="checkbox"/> • Foundation Only	<input type="checkbox"/> • Masonry <input type="checkbox"/> • Wood Frame <input type="checkbox"/> • Structural Steel <input type="checkbox"/> • Reinforce Concrete <input type="checkbox"/> • Other: _____ _____	Size: _____ Other: _____ Lighted: Yes <input type="checkbox"/> No <input type="checkbox"/> Temporary Moveable Sign: Date Installed: _____ Date to be Removed: _____
Ownership		Cost
<ul style="list-style-type: none"> • Private <ul style="list-style-type: none"> ○ Individual ○ Corporation, ○ Non-profit Institution, etc.) 	<ul style="list-style-type: none"> • Public <ul style="list-style-type: none"> ○ Federal, ○ State ○ Local Government 	Cost of Sign: _____ To be installed but not included in the above cost. A. Electrical: _____ B. Other: _____ Total Cost: _____

ID	Name	Mailing Address, Street, City State Zip	Telephone No
Owner:			
Contractor:			
Architect			

The owner of this sign and the undersigned agree to conform to all applicable laws of (name of permit jurisdiction)

Signature of Applicant:	Address:	Date:
-------------------------	----------	-------

DO NOT WRITE IN THIS SPACE BELOW – FOR OFFICIAL USE

Approved BY:	Permit Fee:	Date Issued:	Permit #:
--------------	-------------	--------------	-----------