City of Cedartown

Post Office Box 65 • Cedartown, Georgia 30125
Phone: (770) 748-3220 Extension 216 • Fax: (770) 748-8962

BUILDING INSPECTION DEPARTMENT

APPLICATION FOR SIGN PERMIT

DATE: _____
PROJECT TYPE:_____
PROJECT ADDRESS: _____

OWNER_____ CONTRACTOR: _____
ADDRESS: _____ ADDRESS:_____
PHONE:_____ PHONE:_____

TOTAL HEIGHT: _____
SIGN DIMENSIONS (OVERALL):_____x_____
SIGN SIZE:_____ s.f.
WALL SIGN SIZE:_____
SPECIALCONDITIONS:_____
_____

SIGNATURE_____

_____
INFORMATION BELOW THIS LINE TO BE FILLED IN BY BUILDING DEPARTMENT:

ZONING VERIFICATION: _____
NUMBER OF COMPLETE SETS OF
CONSTRUCTION DOCUMENTS: _____
SET BACK OF RIGHT OF WAY: _____

_____
PLAN APPROVALS

BUILDING PLANS:
BUILDING DEPARMENT REVIEW BY: _____
SITE PLANS: _____
FOUNDATION PLANS: _____
ELEVATIONS:_____
GEORGIA SOIL AND WATER CONSERVATION CERTIFICATE NUMBER: _____
OTHER: _____

ADDITIONAL COMMENTS: _____
_____