



WARE COUNTY PLANNING & CODE DEPARTMENT
305 OAK ST, SUITE 157, WAYCROSS, GA 31501
Telephone: (912) 287-4379 Fax: (912) 287-2467



WARE COUNTY SIGN PERMIT

Owner/Applicant _____

Address and Zip Code _____

Phone # _____ Cell # _____

Zoning _____ Tax Map # _____

- | | | |
|---------------------------------|--|--|
| <input type="checkbox"/> ERECT | <input type="checkbox"/> GROUND SIGN | <input type="checkbox"/> ILLUMINATED |
| <input type="checkbox"/> ALTER | <input type="checkbox"/> ROOF SIGN | <input type="checkbox"/> NON-ILLUMINATED |
| <input type="checkbox"/> REPAIR | <input type="checkbox"/> WALL SIGN | |
| <input type="checkbox"/> MOVE | <input type="checkbox"/> PROJECTING SIGN | |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | |

LOWER EDGE TO BE _____ FT _____ IN. ABOVE GRADE-HEIGHT _____ FT _____ IN.
 UPPER EDGE TO BE _____ FT _____ IN. ABOVE GRADE-WIDTH _____ FT _____ IN.
 TOTAL FACE AREA _____ SQ FT. WEIGHT OF SIGN _____ LBS.
 INNER EDGE WILL BE _____ FT _____ IN FROM BUILDING.
 OUTER EDGE WILL BE _____ FT _____ IN FROM BUILDING.
 SIGN WILL PROJECT _____ FT _____ IN BEYOND STREET LINE.
 SIGN WILL EXTEND _____ FT _____ IN ABOVE BUILDING.
 MATERIAL: FACE _____ FRAME _____ SUPPORTS _____

MARQUEE: LOWER EDGE TO BE _____ FT _____ IN ABOVE SIDEWALK.
 UPPER EDGE TO BE _____ FT _____ IN ABOVE SIDEWALK.

LENGTH _____ FT _____ IN WIDTH _____ FT _____ IN

WILL CONSTRUCTION BE ENTIRELY OF INCOMBUSTIBLE MATERIALS? _____

***A site plan must be drawn to scale to be submitted before sign permit is issued.**

Maker _____
 Erector _____
 Electrical Contractor _____

Valuation of Sign _____
 Value of Permit _____
 Amount of Fee _____

It is understood and agreed by applicant that in Construction he or she will conform to and abide by all Building Codes and Zoning regulations of Ware County.

 Name of Owner

 Applicant

 Name of Contractor

 Date

 Permit #

 Building Official/Building Inspector