White County Planning Department
1241 Helen Highway, Suite 200
Cleveland, GA, 30528

Tammy Carter, Senior Planner
Telephone: 706-865-6768

SIGN PERMIT APPLICATION

Applicant's Name: _____ Date: _____

Phone Number: _____ Email Address: _____

Applicant's Address: _____
City   State   Zip Code

Business Name: _____

Proposed Sign Location: _____
(Address or mile marker-Signs along State Hwy will require approval from Dept. of Transportation)

Tax Parcel ID (obtained from Tax Assessor 706-865-5328): _____

Zoning Classification (check one): ____R-1 ____R-2 ____R-3 ____C-1 ____C-2 ____Industrial

Current Property Use (check one): ____Residential ____Commercial/Industrial ____Agriculture ____Vacant

Sign Type (check all that apply):		
☐ Existing Sign	☐ New Sign	☐ Wall
☐ Single Face	☐ Double Face	☐ Window
☐ Single Tennant	☐ Multi Tennant	☐ Free Standing Canopy
☐ Permanent Ground	☐ Temporary Ground	☐ Illuminated
☐ Banner (temporary only)	☐ Roof (Existing Only)	

Distance (in feet) from nearest existing sign on same side of roadway: _____

Located on same property as existing sign? _____Yes _____No

Distance (in feet) from nearest intersection of roads, streets, or highways: _____

Ground Sign ONLY List the distance (in feet):
From Property Line: _____   From Street Right of Way: _____

Sign Face Square Footage: _____

Sign Face Height: _____ Sign Face Width: _____

DRAWING MUST ACCOMPANY THIS APPLICATION AND MUST INCLUDE HEIGHT, WIDTH, COLORS TO BE USED, AND STRUCTURAL SUPPORTS

Rev 10.10.24

SIGN PERMIT APPLICATION

Owner of Property or Building: _____

Mailing Address of Owner: _____

_____
City   State   Zip

LETTER OF CONSENT MUST ACCOMPANY APPLICATION IF OWNER IS OTHER THAN APPLICANT

Sign Contractor: _____

Address: _____

Phone Number: _____

Business License Number (if Applicable): _____

_____
Applicant Printed Name

_____
Signature of Applicant   Date

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NOTE: PLEASE ATTACH DRAWING OF AND BOUNDARY SURVEY OR TAX PLAT OF PROPOSED LOCATION TO THIS APPLICATION. NOTE DISTANCES FROM PROPERTY LINES, AND STREET RIGHT-OF WAYS IF APPLICABLE.