LICENSING & PERMITTING DIVISION
1117 WEST AVENUE, CONYERS, GA 30012
(770) 278-7100

SIGN PERMIT APPLICATION

SUBMIT:

- ☐ Photographs or Drawings of Existing Signs, with Dimensions
- ☐ Construction Details: Dimensions, Materials, Structure, Illumination
- ☐ Ground Signs: Site Plan; Wall Signs: Building Elevations
- ☐ Planned Centers, Subdivisions and Gas Stations: Sign Master Plan
- ☐ Affidavit Verifying Citizenship Status (enclosed)
- ☐ Copy of the Installing Contractor's Business License

PLACE OF BUSINESS (LOCATION OF SIGN) INFORMATION:

Address:	City:	State:	Zip:
Business Name:			
Business Owner's Name:			
Phone:	Email:		
I hereby certify the information submitted is correct to the best of my knowledge and that the installation of signage will conform to the Rockdale County Sign Ordinance (UDO Ch. 230). I further acknowledge the civil penalties that may be imposed upon me for violations of said ordinance:			
Signature:	Date:		

PROPERTY OWNER INFORMATION (if different than above):

Property Owner:	City:	State:	Zip:
Contact Person Name:			
Phone:	Email:		
I hereby authorize the installation of the signs as proposed and understand my responsibilities as property owner in the maintenance and removal of said signs, pursuant to the Rockdale County Sign Ordinance (UDO Ch. 230):			
Signature:	Date:		

SIGN CONTRACTOR/INSTALLER INFORMATION:

Company Name:	Address: City:	State:	Zip:
Contact Person Name:			
Phone:	Email:		
Business License No.:	Issuing Jurisdiction:		

SITE AND BUILDING INFORMATION:

Lot Acreage:	Gross Floor Area (in sq. ft.):
Type of Property: ☐ Planned Center/Subdivision ☐ Multi-tenant Building ☐ Single-tenant Building	Length of Associated Façade (in lin. ft., on which road): _____
	Window area of each façade (in sq. ft., on which road): _____

Department of Planning and Development Contact Information:

In-Person: 1117 West Avenue, Conyers, GA 30012 ◦ Monday - Friday, 8:00 a.m. to 5:00 p.m.	
Mail: P.O. Box 289, Conyers, GA 30012	Phone: 770 278-7100
Email: inspections@rockdalecountyga.gov	Fax: 770 278-8940

FOR OFFICE USE ONLY:

Submittal Date:	Issuance Date:
Payment Method:	
Nonconforming:	
Note:	

FEE CALCULATION (Fee: $100 flat fee + $1 per square foot over 25 sq. ft.)

Item (add description)	**Size**	**Itemized cost**	**Subtotal**
Sign 1		$100 +	
Sign 2		$100 +	
Sign 3		$100 +	
Sign 4		$100 +	
Sign 5		$100 +	
Sign 6		$100 +	
Electronic		$200 each	
Permit Extension - 6 months max		$50	
		Total due:	

AFFIDAVIT VERIFYING CITIZENSHIP STATUS

O.C.G.A. 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for a Permit or License, as referenced in O.C.G.A. 50-36-1, from Rockdale County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- ☐ I am a United States citizen.
- ☐ I am a legal permanent resident of the United States.
- ☐ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

  My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____

_____, the undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

Wait to be in front of notary to sign

_____

Applicant signature

The secure and verifiable document provided with this affidavit can best be classified as:

_____

(type of document)

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state), this _____ (day) day of _____ (month), 20_____ (year)

For notary use only

SEAL

_____

Notary Public signature

_____

GA Registration No. and expiration date