

Chatham County Department of Building Safety & Regulatory Services P.O. Box 8161, Savannah, GA 31412-8161



P.O. Box 8161, Savannah, GA 31412-8163 912-201-4300 - Fax 912-201-4301

Gregori S. Anderson, CBO Director

Clifford Bascombe, CBO, CFM Assistant Director

PERMANENT SIGN PERMIT APPLICATION

P.I.N.:_1 <i>P.I.N.</i> can be ob	tained from the Tax Assessors Office (912) 652-7271.
Project Address:	
Subdivision:	Phase: Lot:
<u>Owner</u>	
Name:	
Address:	
City:	State: Zip:
Person applying for permit:	
Name:	Phone No. ()
Company:	
Address:	
General Contractor	
Company:	Name:
Address:	
Telephone No. ()	
Sign Description:	
☐ New ☐ Addition/Alteration to existing	□ Replacement
□ Other	

Type of sign:	Type of sign: Freestanding (☐ Monument/☐ Pole)			□ Facia		
Size of sign:	Length_	Width	າ	Total Are	a	Sq. Ft.
Finish height	t above gra	de:				
Is there an e	xisting sign	on the property?	□ Yes	□ No		
If Ye	s: Total nu	mber of existing signs:		_Total area existin	g signs:	Sq. Ft
Is the sign el	ectrical:	☐ Yes (Include electric	al contra	ctor information)	□ N	0
Is there an L	ED, LCD, or	similar electronic reac	ler board:	□ Yes	□ N	0
Valuation of	f project (in	clude labor, material,	and profit): \$		
1. Two a. S b. S c. I d. I e. 0	(2) sets of Size of sign Size of supp How sign is Depth of su	ion must be submitted plans and drawings concert members fastened to support member into gratural braces we grade (ground)	ntaining c nembers	•		letails showing:
2. Two etc.)	sets of site , the prope	plans showing what's rty line, right-of-way, o	driveways	, street trees in the	e immediat	
_		ated, and the distance mensioned elevation t				shed height.
		State and local busine				
5. Com	pleted sub	contractor form.				
constitute a p that any omiss this application sufficient group owner is listed inspections has	orivilege to v sion of or mi on (including und for the r d above will ave been ma	eed by the undersigned iolate the building codes srepresentation of fact was changing subcontractor evocation of any permit be held responsible for ide. The owner will be hele owner may request a C	s, zoning o vith or with rs) withou issued wh nsuring tha Id legally li	rdinance, or other o out intention of the o t the approval of the ich was based on the at all permits have be able for any violation	rdinances o undersignec e Building (e approval c een obtaine ns which ma	f Chatham County and I or any alteration from Official shall constitute of this application. The d and that all required y occur with or without
Owner/Age	nt			Date		
		For	Office Us	se Only		
Annroyad			J	Date		



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CHATHAM COUNTY SUBCONTRACTOR LIST

Job Location	
Owner's Name	
General Contractor	
SIGN WORK	Date
certify that I have a valid State an	the sign work for the project described above and I further d Local Business Tax Certification (license). Jurisdiction
Company Name	
	Phone No. ()
ELECTRICAL	Date
I hereby certify that I will perform	the electrical work for the project described above and I
• • •	State and Local Business Tax Certification (license)
	Jurisdiction
Company Name	
Signature	Phone No. () -