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 #**_____

( ) ERECT	**( ) GROUND SIGN**	**( ) ILLUMINATED**
( ) ALTER	**( ) ROOF SIGN**	**( ) NON-ILLUMINATED**
( ) REPAIR	**( ) WALL SIGN**	
( ) MOVE	**( ) PROJECTING SIGN**	
( ) _____	**( ) _____**	

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**