SIGN PERMIT APPLICATION
CITY OF WATKINSVILLE INSPECTION DEPARTMENT
TO BE FILLED OUT BY APPLICANT

BUSINESS NAME _____LICENSE #_____

BUSINESS ADDRESS_____

OWNER _____PHONE #_____

MAILING ADDRESS _____

GRAPHIC CONTRACTOR _____PHONE #_____

MAILING ADDRESS _____

INSTALLATION CONTRACTOR_____PHONE #_____

MAILING ADDRESS_____

TYPE OF SIGN #1 (Wall, Freestanding, etc.)_____ Total Height/Width _____ / _____
#2 " " _____ Total Height/Width _____ / _____

All requests require an accurate scale drawing of the plans, graphic specifications and attachment to a building or ground. All freestanding ground signs require a scale site drawing showing orientation of the sign to buildings, drives, roads.

ILLUMINATED (Yes/No) _____

Wiring detail to be included and approved by Building Inspector

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

_____ _____

Signature of Contractor/Owner Date

OFFICE USE ONLY- NOTES

BASE PERMIT FEE PAID - $50 PER SIGN<> CHECK _____ CASH _____

THIS PERMIT BECOMES NULL & VOID IF AUTHORIZED WORK OR CONSTRUCTION IS NOT STARTED WITHIN 6 MONTHS FROM THE ISSUED DATE OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS STARTED.

The application and other submitted information having been found to be in compliance with all codes and ordinances of the CITY OF WATKINSVILLE are approved.

_____ _____

Code Enforcement Officer Date Building Inspector Date
(If applicable)

_____

City Clerk Date

AFFIDAVIT OF LICENSE OR PERMIT APPLICATION OR BENEFIT APPLICATION

As an applicant for any City: 1) License, 2) Permit or 3) benefits (including new employment by the City which provides employee benefits, and including labor and construction and other independent contractor contracts with the City which provides benefits to the contractor), in compliance with Georgia Code Section 50-36-1, the Georgia Security and Immigration Compliance Act, and per the Federal "Systematic Alien Verification for Entitlements (SAVE)" Program, I sign this affidavit under oath, certifying I am not an unauthorized alien, and further certifying none of my employees or subcontractors (if any) are unauthorized aliens, and furthermore I initial the appropriate designation for myself below:

_____ I am a United States Citizen;
INITIAL HERE

OR

_____ I am a legal permanent resident 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older (Alien Registration Number as Follows: _____), and I certify that I am lawfully present in the United States.
INITIAL

In making the above sworn certification, 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 code section 16-10-20 of the Official Code of Georgia.

Applicant Signature: _____

Print Name: _____

Sworn to and subscribed before me
This ___ day of _____, 20___.

_____
Notary Public
My Commission Expires: _____