



**ROCKDALE COUNTY PLANNING AND DEVELOPMENT
SIGN PERMIT APPLICATION**

SUBMIT:

<input type="checkbox"/> Photographs or drawings of existing signs, with dimensions <input type="checkbox"/> Construction details: dimensions, materials, structure, illumination <input type="checkbox"/> For ground signs: site plan <input type="checkbox"/> For wall signs: building elevations <input type="checkbox"/> For planned centers, subdivisions and gas stations: sign master plan <input type="checkbox"/> Affidavit verifying citizenship status (enclosed) <input type="checkbox"/> Copy of the installing contractor's business license

PLACE OF BUSINESS (LOCATION OF SIGN) INFORMATION:

Property Location Address:	City:	St:	Zip:
Business name:			
Business owner's name			
Phone number:	Email address:		
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:	St:	Zip:
Contact person name:			
Phone number:	Email address:		
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:	St:	Zip:
Contact person name:			
Phone number:	Email address:		
Business license No.:	Issuing jurisdiction:		

SITE AND BUILDING INFORMATION:

Lot acreage (in acres):	Gross floor area (in sq. ft.):
Type of property: <input type="checkbox"/> Planned center/subdivision <input type="checkbox"/> Multi-tenant building <input type="checkbox"/> 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: 958 Milstead Avenue, Conyers, GA 30012 ◦ Monday through Friday, 8:00am to 5:00pm	
Mail: P.O. Box 289, Conyers, GA 30012	Phone: 770 278-7100
Email: permit@rockdalecountyga.gov	Fax: 770 278-8940

FOR OFFICE USE ONLY:

Submittal date:	Issuance date:
Payment method:	
Nonconforming:	
Note:	

FEE CALCULATION

Item (add description)	Size	Itemized cost	Subtotal
Sign 1		\$50 +	
Sign 2		\$50 +	
Sign 3		\$50 +	
Sign 4		\$50 +	
Sign 5		\$50 +	
Sign 6		\$50 +	
Sign 7		\$50 +	
Sign 8		\$50 +	
(Fee: \$50 flat fee + \$1 per square foot)		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 _____, _____, this _____ day of _____, 20_____
(city) (state) (day) (month) (year)

For notary use only

Notary Public signature

GA Registration No. and expiration date

SEAL