City of Buford

SIGN PERMIT APPLICATION

2300 Buford Highway • Buford, Georgia • 30518 • (770) 945-6761 • FAX (770) 932-7976

APPLICATION DATE _____

DISTRICT _____ LANDLOT _____ ZONING _____

PROPERTY INFORMATION

ADDRESS OF SIGN LOCATION _____

BUSINESS NAME _____

BUSINESS OWNER NAME _____

BUSINESS OWNER ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

SIGN CONTRACTOR INFORMATION

SIGN CONTRACTOR (COMPANY) _____

CONTACT NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

BUILDING/LAND OWNER INFORMATION

BUILDING/LAND OWNER NAME _____

BUILDING/LAND OWNER ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGN INFORMATION

☐ NEW ☐ REPAIR ☐ ALTER ☐ ILLUMINATED ☐ POLE ☐ MONUMENT ☐ CANOPY
☐ ELECTRONIC SIGN ☐ FACE REPLACEMENT
☐ SINGLE FACE ☐ DOUBLE FACE *(ILLUMINATED SIGNS MUST COMPLY WITH THE CITY SIGN ORDINANCE)*

☐ TEMPORARY
☐ 30 DAYS
☐ 60 DAYS
☐ 90 DAYS

☐ WINDOW ☐ WALL

BUILDING SQ. FT. _____

SIGN SQ. FT. _____

OVERALL DIMENSIONS OF COPY AREA _____ (ATTACH SKETCH WITH DIMENSIONS)

HEIGHT OF GROUND SIGN FROM GRADE TO BOTTOM OF SIGN _____ TOP OF SIGN _____ SIGN SET BACK FROM RIGHT OF WAY _____ FT.

- ATTACH SITE PLAN DRAWN TO SCALE SHOWING SIGN LOCATION AND SETBACK FROM RIGHT-OF-WAY
- ALL SIGN STRUCTURES OF MORE THAN 32 SQ. FT MUST HAVE STRUCTURAL ENGINEER SEAL ON PLANS AND FOOTINGS MUST BE ENGINEER DESIGNED WITH SEAL
- WALL SIGNS FOR INDIVIDUAL BUSINESS ON INDIVIDUAL LOT CANNOT EXCEED 5% OF WALL
- ALL SIGN STRUCTURES AND PLACEMENT MUST MEET THE CITY OF BUFORD SIGN ORDINANCE AND STANDARD BUILDING CODE REQUIREMENTS FOR SIGNS. ANY ERROR MADE BY CITY OF BUFORD STAFF IN THE PROCESS OF ISSUING THIS PERMIT OR INSPECTION OF SIGN DOES NOT RELIEVE THE APPLICANT OF COMPLYING WITH ALL APPLICABLE CODES AND ORDINANCES.
- ATTACH WALL ELEVATION MEASUREMENTS (height x width)

SIGNATURES

MANAGING PARTNER SIGNATURE _____ DATE _____

BUSINESS OWNER SIGNATURE _____ DATE _____

APPLICANT SIGNATURE _____ DATE _____

APPLICATION APPROVED BY _____ DATE _____

APPLICATION REJECTED BY _____ DATE _____

FOR THE FOLLOWING REASON(S) _____