

SIGN PERMIT APPLICATION

- ✧ Submit your application via the customer service portal at eTRAC.savannahga.gov. ✧
- ✧ Contact Development Services at (912)651-6510 for assistance. ✧
- ✧ You may also submit your Sign Permit Application in person at 20 Interchange Dr. (31415). ✧

Project Site

Site Address: _____ PIN: _____
 Business Name: _____
 Applicant Name: _____ Email: _____
 Phone: _____ **Valuation of Job** (Include Labor, Materials, Profit): \$ _____

Description of Work

Complete Description of Work: _____

Proposed Work

- New Sign/Awning Replace Existing Sign/Awning Alteration to Existing Sign/Awning Temporary Sign

Type of Sign

- Freestanding/Ground Fascia/Wall Announcement: **Electronic or Manual (circle one)**
 Directory Projecting Billboard: **Digital or Poster (circle one) with \$250 Application Fee**
 Non-illuminated Internally Illuminated Externally Illuminated Temporary/Banner: Dates _____

Sign Dimensions

Width = _____ ft. Height = _____ ft. Overall Height = _____ ft. Depth = _____ ft.
 Total Area = _____ sq. ft. Lot Width = _____ ft. Building Width = _____ ft. Wall/Window Projection = _____ ft.
 Freestanding/Ground Sign: Distance from Edge of Sign to Right-of-Way = _____ ft.

Certificates, Permits and Agreements

Is this sign within a Historic District? Yes No If Yes, has a Certificate of Appropriateness (COA) been issued? Yes No

If Yes, plans must be stamped by the Historic Preservation Officer and a copy of the COA must be provided.

*If No, contact the **Historic Preservation Office** at (912)651-1440.*

Is the sign within the Right-of-Way? Yes No If Yes, provide **Encroachment Petition**.

Is the sign within an easement? Yes No If Yes, provide the signed Developer / COS **Principal Use Sign Permit Agreement**.

Is an Electronic Announcement Sign proposed? Yes No If Yes, provide the signed **Announcement Sign Agreement**.

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Sign Contractor

Company: _____ Business Phone: _____
 Contact Name: _____ Cell: _____ Email: _____
 Address: _____ City/State: _____

Electrician

Company: _____ Business Phone: _____
 Contact Name: _____ Cell: _____ Email: _____

Applicant Certification

I hereby certify that I have answered all of the questions contained herein and know the same to be true and correct. All work performed under this permit must comply with State law and local ordinances. Further, I understand that any permit issued, based upon false information or misrepresentation provided by the applicant, will be null and void and subject to penalty as provided by law and ordinance.

Printed Name of Applicant (Not Company Name)

Signature of Applicant

Date

FOR OFFICE USE ONLY

Zoning District: _____ Street Type: _____	Permit Fees: Total Permit: \$ _____
Zoning Use: _____ Height Allowed: _____ Area Allowed: _____	Due: \$ _____ Paid: \$ _____ Chk/MO#: _____
COA Approved: _____ Encroachment Petition: _____	Rem. Bal.: \$ _____ Rem. Paid: \$ _____ Chk/MO#: _____

Plans Reviewed by: Flood: _____ Zoning: _____ Building: _____ Life Safety: _____ Elect: _____ Plumb: _____ Mech: _____



IN ACCORDANCE WITH THE CITY OF SAVANNAH'S CODE OF ORDINANCES SECTION 3-3008, THE CITY MANAGER HAS APPROVED WAIVING PERMIT FEES ASSOCIATED WITH WORK TO REPAIR DAMAGE RESULTING FROM TROPICAL STORM HELENE. THIS WAIVER WILL BE IN EFFECT BETWEEN OCTOBER 1ST, 2024 THROUGH NOVEMBER 1ST, 2024.

PERMIT FEE WAIVER REQUEST FOR SEVERE WEATHER-RELATED DAMAGE

This form is to be completed by individuals or businesses seeking a waiver for permit fees related to repairs necessitated by damage from a severe weather event, such as a tropical storm, hurricane, or tornado. This form will be effective following a declaration of a State of Emergency for a specific severe weather event, when the City Manager may temporarily reduce or suspend any permit fees, application fees or other rate structures as necessary to encourage the rebuilding of areas impacted by the disaster or emergency. The term "fees" does not include fees collected by the city on behalf of the state or federal government or fees charged by the City pursuant to a state or federal statute or regulation. The City of Savannah reserves the right to request additional information to verify eligibility.

Instructions for Submission: Please complete and submit this form in conjunction with the permit application for work related to repairs necessitated by damage from a severe weather event. As part of this request, please provide photos of the damage, with time stamps if possible. Additional review time may be required if photos are not provided by the applicant. Applications can be submitted through the standard [eTRAC](#) process or in person/mailed to:

**City of Savannah Attn: Development Services
20 Interchange Drive
Savannah, Georgia, 31415**

Applicant Information

- 1) Name of Applicant/Business: _____
- 2) Property Address: _____
- 3) PIN: _____
- 4) Phone Number: _____
- 5) Email Address: _____
- 6) Property Type: _____
 - Residential
 - Commercial
 - Other (Specify): _____

Damage Information

- 1) Type of Weather Event (**if known**):
 - Tropical Storm
 - Hurricane
 - Tornado
 - Other (Specify): _____
 - Name (**if known**): _____
- 2) Date of Incident/Damage: _____



3) Brief Description of Damage: _____

4) Source of Damage:

Tree

Flood

Fire

Other: _____

Permit Information

1) Type of Work for Which Permit Is Required:

Roofing

Electrical

Signage

Structural Repairs

Plumbing

Solar

Mechanical

Fencing

Other (Specify): _____

2) Estimated Cost of Repairs (*if known*): _____

Affidavit of Applicant

The undersigned applicant hereby affirms that the following statements are true and correct to the best of their knowledge:

- 1) The property listed in this application sustained damage as a direct result of the severe weather event identified above.
- 2) The repairs for which the permit(s) are requested are directly related to the damage caused by this weather event.
- 3) Supporting photographs provided show damage directly related to the severe weather event identified above and the structure in the photograph(s) is located on the property stated in this affidavit.
- 4) All information provided in this application is accurate and complete.
- 5) False statements or misrepresentations made on this application may result in the denial of the fee waiver request and/or other penalties as allowed by law.
- 6) Additional documentation or evidence may be requested by the City of Savannah to verify the eligibility for this fee waiver.

I hereby request that the permit application fees, permit fees, and plan review fees associated with the necessary repairs be waived by the City of Savannah.

Applicant's Signature: _____

Date: _____

Applicant's Name (Printed): _____

City of Savannah Internal Use Only

Application Received Date: _____

Permit No.: _____

Fee Waiver Approval:

Approved

Denied

Approved by (signature): _____

Printed Name: _____

Date: _____