



City of Acworth
Development Department

4415 Center Street
Acworth, Georgia 30101
Office: (770) 974-2032
Building@acworth.org
www.acworth.org

TEMPORARY SIGN, BANNER & PORTABLE ADVERTISING DEVICE PERMIT APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

It shall hereafter be unlawful for any person to erect, place, or maintain a sign in the City of Acworth except in accordance with the provisions of the current Ordinance No. 2005-06.

Location/Street Address:
Subdivision / Complex: Lot / Suite #:
Owner Name: Phone:
Address:
City: State: Zip:
Contractor: Phone:
Address: Mobile:
City: State: Zip: Email:

DISCRIBE WORK TO BE DONE (IN DETAIL)

- 1. Please attach a site drawing.
2. Is this property located within the historic business district?
3. Final dimensions of sign after completion:
4. New signs require:
- An accurate drawing of the sign (including supports)
- Height to bottom and top of sign from grade
- Detail all wording, symbols, logos, colors, etc.
- Site Plan detailing the location with the minimum distance to all property lines

Temporary/Banner: Permit Fee \$50.00 per business event.
A. Number of Contiguous Day's Requested.
B. Or a period of three (3) consecutive weekends (Thursday - Sunday)

Portable Sign/and or Advertising Device: Permit Fee \$50.00.
C. Number of Contiguous Day's Requested.
D. Or a period of three (3) consecutive weekends (Thursday - Sunday)

Re-inspection Fees: \$50.00 each Occurrence

Work Commencing Without a Permit: Where any work for which a permit is required is started without such a permit having been issued, the applicable fees shall be doubled.

I hereby certify that I have read and examined this document 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.

CONTRACTOR OR AUTHORIZED AGENT - PRINT NAME

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT DATE

**FOR OFFICE USE ONLY**

APPLICATION ACCEPTED BY: \_\_\_\_\_ DATE \_\_\_\_\_

PLANS CHECKED BY: \_\_\_\_\_ DATE \_\_\_\_\_

SPECIAL CONDITION COMMENTS: \_\_\_\_\_

\_\_\_\_\_

ZONING APPROVAL BY: \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ DATE \_\_\_\_\_

**STIPULATIONS / COMMENTS**

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