



**GWINNETT COUNTY**  
Department of Planning & Development  
Streets and Address Section  
446 West Crogan Street  
1<sup>st</sup> Floor, Suite 150  
Lawrenceville, Georgia 30046  
Phone: 678.518.6000 Fax: 678.518.6240  
www.gwinnettcounty.com

**Temporary Sign Permit Application**  
(Revised February 2010)

SPT:

Dates Authorized

From: \_\_\_\_\_

To: \_\_\_\_\_

Please complete & submit this application to the Streets and Address Section of the Department of Planning & Development. The permit fee of **\$50** must accompany the application. The permit fee increases to \$100 if installed prior to permit approval. See page 2 of this application for allowable types of temporary signs. Only those temporary signs listed in Section 86-109 of the Sign Ordinance are allowed.

Property Address: \_\_\_\_\_

Applicant Name: _____	Business Name: _____
Address: _____	Address: _____
City: _____	City: _____
State/Province: _____ Zip/Postal Code: _____	State/Province: _____ Zip/Postal Code: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____

**Applicant is the (√ Only One):**

Business Owner     Property Owner     Sign Contractor     Other \_\_\_\_\_

**Types of Signs Requested (√ All that Apply):**

Balloons                       Banner                       Search Lights

**Requested Time Period for Sign (not to exceed 21 calendar days):**

From: \_\_\_\_\_ To: \_\_\_\_\_

**Applicant Signature (required):**

I have read and understand Section 89-109 of the Sign Ordinance & I agree to comply with its regulations.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

