

SIGN
PERMIT APPLICATION

City of Temple

P.O. Box 160 Temple, GA 30179
(770) 562-3369 FAX (770) 562-9440

Inspection Request Line: (770) 830-5861 (Requires 24 Hour Notice)

Land Map Number _____

SIGN PERMIT # _____

Parcel Number _____

DATE _____

PROJECT Street Address: _____

Owner: _____

Street Address: _____

City _____ State _____ Zip _____ Phone _____

Building Contractor: _____

Street Address: _____

City _____ State _____ Zip _____ Phone _____

State Card Holder's Name: _____ State Card #: _____

Additional Permits Needed: Grading Electrical Plumbing HVAC
Job Type: New Addition Remodel Repair Move Demolition
Sewer Type: City Sewer Septic Tank
Location Type: Residential Apartments Industrial Commercial Accessory Sign

ITEM	QTY	TOTAL
_____	_____	_____ Sq/Ft

Permit Total Cost: _____

(From Permit Calculator)

GEORGIA, CITY OF TEMPLE

PERSONALLY APPEARED BEFORE THE UNDERSIGNED ATTESTING OFFICER

_____ WHO ON OATH DEPOSES AND SAYS THAT THE STATEMENTS
CONTAINED IN THE ABOVE AND FOREGOING APPLICATION ARE TRUE AND CORRECT. APPLICANT FURTHER DEPOSES THAT
HE IS AWARE THAT ANY KNOWINGLY FALSE STATEMENT MADE IN THE ABOVE APPLICATION WILL SUBJECT SAID
APPLICANT TO PROSECUTION FOR VIOLATION OF GEORGIA CRIMINAL CODE, SECTION 26-2402 (FALSE SWEARING) AND A
POSSIBLE FINE OF NOT MORE THAN \$1,000.00 OR IMPRISONMENT FOR NOT LESS THAN ONE OR NO MORE THAN FIVE YEARS
OR BOTH.

DATE _____

SIGNATURE OF APPLICANT _____