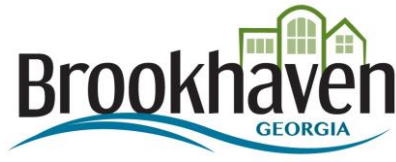


4362 Peachtree Rd NE, Brookhaven GA 30319
(404) 637-0500 • Fax (404) 637-0501 www.brookhavenga.gov
Special Event Sign Permit Application

Any applicant wishing to erect signage for a special event must complete the following form. A deposit according to the following scale shall be submitted at the time a permit is issued. The fee is refundable only upon submittal of an affidavit that all signs associated with the event have been removed. **Such affidavit must be submitted within seven (7) days of the conclusion of the event, or the deposit shall be forfeited.** It is the responsibility of the applicant to contact the City for the appropriate affidavit and have it signed and dated within the allotted seven days to receive the refund.

Total Number of Signs Erected	Deposit
0-10	\$100
10-50	\$250
50-100	\$400
100-200	\$750
200+	\$900



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Special Event Sign Permit Application

Special Event	Event Name:				
	Event Date(include start and end dates):				
	Contact Name:				
	Contact Address:				
Phone:			Email:		
Sign Description	Location Address	Start/EndDate* <small>*for signs</small>	Material	Size (sf)	Quantity
Use additional sheets for sign descriptions as necessary. Include the same information as requested above.				Total	
Property Owner/Agents' permission to install and maintain signs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Sign Contractor	Will contractor install sign? <input type="checkbox"/> Yes <input type="checkbox"/> No		Occupational Tax Certificate #:		
	Company Name:				
	Contact Name:				
	Address:				
Phone:		Fax:	Email:		
Signature	I hereby certify that all information provided herein is true and correct and I acknowledge compliance with all requirements of the City of Brookhaven Zoning and Sign Ordinance and/or the provisions regarding Special Events, including the forfeiture of the sign deposit if an accurate affidavit is not submitted within seven (7) days of the conclusion of the event. If any information is found to be false or misrepresented, the permit will be deemed invalid. I agree to indemnify and hold the city harmless from all damages, demands or expenses of every character which may in any manner be caused by the sign(s) or sign structure(s).				
	Applicant's Name:				
Applicant's Signature:				Date:	
Staff	Staff Only				
	Received by:		Decision:		Date:
	Permit Number:			Permit Issued Date:	