



PERMANENT SIGN APPLICATION

PERMIT NO. _____

**401 Broad Street
P.O. Box 125
Wrens, Georgia 30833
Tel: (706)-547-3000
FAX: (706)-547-3002
Email:**

1. Name of Applicant _____ Date _____
2. Address of Applicant _____
3. Telephone Number _____
4. Name of Owner of Premises _____
5. Address of Owner _____
6. Street Address of Sign Site _____
7. Map and Parcel Number _____
8. Materials to be used in construction of sign _____

9. Description of electrical equipment (if lighted or illuminated) _____

10. Include with application a legible scaled drawing with description and dimensions of sign(s) to be erected. Sign regulations may be reviewed online at www.cityofwrens.com, Ordiances Planning and Zoning Article XVII.

Sign Permit Fee : \$50.00 Payable to City of Wrens

City of Wrens Approval _____ Date: _____

Fee Total: \$ _____ Date: _____ Payment: ___ Check ___ Cash ___ Credit Card