



CITY OF SUWANEЕ

373 Highway 23
Suwanee, GA 30024
770-945-8996 (phone)
770-945-2792 (fax)

**30 DAY PERMIT FOR
ADVERTISING DEVICES**

Application Date _____
District 7 Land Lot _____
Parcel _____
Zoning _____ Parcel Size _____

PROPERTY INFORMATION

ADDRESS OF SIGN LOCATION _____
BUSINESS NAME _____
BUSINESS OWNER NAME _____
BUSINESS OWNER ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____

ADVERTISING DEVICE

**Air or Gas Filled Devices
Similar Devices** **Flags or Banners** **Search Lights or**

- Temporary advertising devices. Banners, streamers, pennants, balloons, and similar temporary advertising devices shall be permitted on private property during the grand opening of a business, no more than five (5) days prior to opening and no longer than thirty (30) days after the date of the opening.
- After the grand opening, each business owner will be permitted to utilize such advertising devices on such property for a period not to exceed thirty (30) days in any four (4) month period, said period being measured from calendar month and day to future calendar month and day (ex. March 3rd to July 3rd).
- For both grand openings and special sales, each lot shall be limited to no more than two (2) banners. No banner, streamer or similar sign shall be used without first obtaining a permit for each such sign from the director in accordance with the permit provisions of this Ordinance.

SIGNATURES

I understand that this permit is issued for the items listed above only and they will not be installed on any public right-of-way and will comply with any and all City of Suwanee Codes and ordinances. I understand another permit can not be issued for this location for 4 months from expiration date of this permit.

APPLICANT SIGNATURE _____ DATE _____

APPLICATION APPROVED BY _____ DATE _____

This Permit expires on _____ and all signs/devices will be removed by Applicant on or before the following date: _____

FOR OFFICE USE ONLY

ALL DEVICES REMOVED: **YES** **NO** (If no check here if warning issued).

INSPECTOR'S SIGNATURE _____ DATE: _____

INSPECTOR'S COMMENTS _____

