



# TOWN OF BROOKS

961 Hwy 85 Connector, PO Box 96  
Brooks, GA 30205  
Phone: 770-719-7666

## SIGN APPLICATION

Note: An incomplete application will not be reviewed.

What we need to review your application, please print or type.

1. Proof of Ownership or Certification of Owner's Consent
2. Owner's name and address: \_\_\_\_\_
3. Applicant's name and address: \_\_\_\_\_
4. Applicant's telephone number and email address: \_\_\_\_\_
5. Address of building, structure, or lot to which or upon which the sign is to be attached or erected:  
\_\_\_\_\_
6. Site Plan 2 copies, showing proposed sign location, other buildings, or structures if any on the property, other signs, right of ways, easements, and all setbacks as per current Town of Brooks regulations.
7. Date of application: \_\_\_\_\_
8. Non-refundable permit fee of \$50.00

I certify that I have read this application or declined the opportunity to do so and state that the information provided is correct. I have read and agree to comply with all Town of Brooks ordinances, Fayette County, and state laws. I hereby authorize representatives of the Fayette County Building Department and the Town of Brooks Zoning Administrator to enter the above-mentioned property for inspection purposes. I certify that I have a legal right to apply for the sign permit and to authorize entry. Additionally, I certify that this application is not in conflict with any deed restrictions of record; is in conformity with all conditions, covenants, and restrictions; and I have received all approvals required.

Signed by: \_\_\_\_\_ Title: \_\_\_\_\_

Printed: \_\_\_\_\_ Date Received: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason for denial, if applicable: \_\_\_\_\_

Zoning Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Maurice Ungaro