SIGN PERMIT APPLICATION

Date of Application

Township of Birch Run 8425 Main St. P.O. Box 152 Birch Run, MI. 48415 (989) 624-9773 FAX (989) 624-1177

Name:	I. Applicant Infor	mation:								
Phone #:										
II. Property Owner: Name: Address: Phone #: Fax #: e-mail:										
Name: Address Fax #: e-mail:	Phone #:		Fax #:		e-mail:					
Address:	II. Contractor Info	ormation:								
Phone #: Fax #: e-mail:	Name:									
II. Property Owner: Name: Address: Phone #; Fax #; e-mail:	Address:									
Address: Fax #: e-mail:	Phone #: Fax #:				e-mail:					
Address: Fax #: e-mail:	II. Property Owne	er:								
Phone #: Fax #: e-mail:										
III. Business Information: Name: Address: Sign Area Classification: Sign Are	Address:									
Name: Sign Area Classification: Sign Area Classifica	Phone #:	Fax #:			e-mail:					
Address: Parcel ID #: Sign Area Classification:	III. Business Infor	mation:								
Parcel ID #: Sign Area Classification: TV. Type of Sign: if Applicable										
IV. Type of Sign: if Applicable 1. Pole Sign										
1. Pole Sign 2. Wall Sign 3. Ground 4. Marquee/ 5. Joint	Parcel ID #: Sign Area Classification:									
Mounted Canopy Identity	IV. Type of Sign:	if Applicab	le							
6. Portable	1. Pole Sign □	2. Wall Sign				, -		1		
V. Temporary Sign: Non-Residential Size	6. Portable 🗆	7. Special		8. Monun	nent 🗆					
Non-Residential Areas Residential Areas (Commercial Uses Only) I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent, and agree to conform to all applicable regulations of Ordinance # 03-04 and any amendments thereto. All information submitted on this application is accurate to the best of my knowledge. SIGNATURE OF APPLICANT DATE ***********************************		Purpose				(\$25.00 per week-45	sq ft)			
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******************************** Office Use Only VI. Attachments: Building Department, if Applicable a. Stress Sheets w/ Wind Load Calculations b. Sealed Documents c. Two (2) copies of a Site Plan / Location d. Three (3) sets of sign drawings w/ dimensions e. Cost of Construction Approved	make this applicati	ion as his/he	er authorized agent	t, and agree	e to conform to	all applicable regular	tions of	Ordinance # 03-	ner to -04 and	
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d. Three (3) sets of sign drawings w/ dimensions e. Cost of Construction Approved			C'4 - TNI / T			Surety Deposit \$				
e. Cost of Construction										
Approved	e. Cost of Construction									
	c. Cost of C	onsu ucu0i								
	Approved									
		Building Off	icial			Date				