

SIGN PERMIT APPLICATION

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

Date of Application _____

I. Applicant Information:

Name:		
Address:		
Phone #:	Fax #:	e-mail:

II. Contractor Information:

Name:		
Address:		
Phone #:	Fax #:	e-mail:

III. Property Owner:

Name:		
Address:		
Phone #:	Fax #:	e-mail:

IV. Business Information:

Name:	
Address:	
Parcel ID #:	Sign Area Classification:

IV. Type of Sign: if Applicable

1. Pole Sign <input type="checkbox"/>	2. Wall Sign <input type="checkbox"/>	3. Ground Mounted <input type="checkbox"/>	4. Marquee/ Canopy <input type="checkbox"/>	5. Joint Identity <input type="checkbox"/>
6. Portable <input type="checkbox"/>	7. Special Purpose <input type="checkbox"/>	8. Monument <input type="checkbox"/>	9. Banner (\$25.00 per week-45 sq ft) <input type="checkbox"/>	10. BONUS <input type="checkbox"/>

V. Temporary Sign:

Non-Residential Areas	Size	X	=	Dates to be Displayed _____
Residential Areas (Commercial Uses Only)	Size	X	=	Dates to be Displayed _____

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 _____

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 _____

Permit Fee \$ _____

Surety Deposit \$ _____

Approved

Denied Building Official _____ Date _____