

Sign Permit Application

**St. Joseph Charter Township
3000 Washington Ave
P.O. Box 147
St. Joseph, Mi 49085**

Phone: (269) 429-7703

Fax: (269) 429-2079

*** All sign permits are subject to plan review.

Date: _____

Property I.D. _____ Permit Fee \$ _____

Value of Sign: _____ Review: _____

THE FOLLOWING TO BE COMPLETED BY APPLICANT:

JOB ADDRESS: _____

SIGN OWNERS NAME: _____

ADDRESS: _____

APPLICANT / CONTRACTOR'S NAME _____

ADDRESS _____ **PHONE** _____

SIGN / ELECTRICAL LICENSE NUMBER: _____

*** TYPE OF SIGN:**

PYLON **MONUMENT** **WALL** **ROOF** **OTHER**

*** PYLON / MONUMENT SIGN:**

SIZE OF SIGN FACE _____ **X** _____ **=** _____ **SQ.FT.**

HEIGHT OF SIGN FROM GRADE TO TOP OF SIGN: _____

ATTACH DRAWING OF PLOT PLAN SHOWING LOCATION OF SIGN PROPERTY.

*** WALL SIGN:**

SIZE OF SIGN FACE _____ **X** _____ **=** _____ **SQ.FT.**

NUMBER OF WALL SIGN ON BUILDING OR PROPERTY: _____

LOCATION OF NEW WALL SIGN ON BUILDING OR PROPERTY: _____

LENGTH OF BUILDING / STRUCTURE ON WHICH SIGN WILL BE ATTACHED:

IS THERE A SIGN ON THIS PROPERTY CURRENTLY? Y / N IF Y, DESCRIBE:

METHOD OF ATTACHING NEW SIGN TO BUILDING OR PROPERTY:

*** ROOF SIGN:**

ATTACH A DRAWING SHOWING SIZE, LOCATION, AND METHOD OF ATTACHMENT OF PROPOSED SIGN. _____

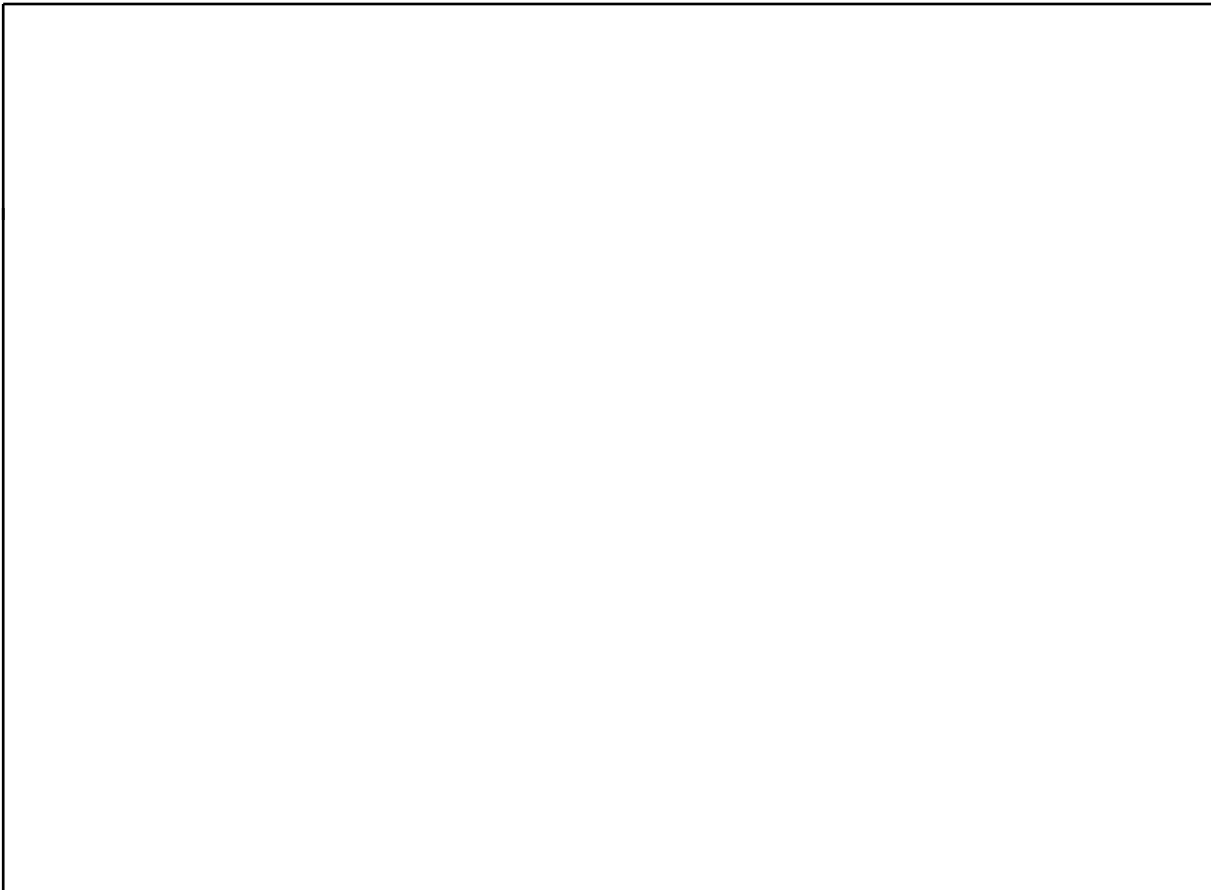
*** OTHER SIGN**

ATTACH A DRAWING SHOWING SIZE, LOCATION, AND METHOD OF ATTACHMENT OF PROPOSED SIGN.

*** ALL ELECTRICAL SIGNS MUST BE ELECTRIFIED AND SERVICED BY A COMPANY WITH A VALID MICHIGAN SIGN SPECIALIST CONTRACTOR'S LICENSE OR MICHIGAN ELECTRICAL LICENSE.**

SKETCH THE FOLLOWING INFORMATION BELOW:

1. OVERALL HEIGHT AND LENGTH OF THE SIGN & 2. NATURE OF ADVERTISING COPY TO BE ON SIGN.



ALL WORK MUST BE IN CONFORMITY WITH ALL APPLICABLE ORDINANCES

APPLICANT SIGNATURE: _____ **DATE:** _____

APPROVED BY: _____ **DATE:** _____