## **BUILDING DEPARTMENT**

8721 Guil Road, Suite B Richland, MI 49083 269-629-0500 800-627-2801

SIGN PERMIT Commercial Fox (269) 629-0601 Jurisdiction of: Permit # ----Property Tax I.D. #: Job Location: Permit Determinant: Zoning District: Type of Improvement: \_\_\_\_ Use Group: \_\_\_ Type Construction: ( ) phone No, of Floors: \_\_\_\_\_\_ Bidg, Height: \_\_\_\_\_ Address: \_\_\_ NONRESIDENTIAL - Describe in detail proposed use of building, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use. ADDITIONAL PERMITS REQUIRED REQUIRED DOCUMENTS \_\_\_\_ Erosion Control \_\_\_\_ Site Plan Approval \_\_ Curb or Sidewalk Cut \_\_\_\_\_ Storm Sewer Connection \_\_\_\_ Electrical \_\_ Site Plan .... Sanitary Sewer Tap \_ Variance Approval If Applicable \_\_\_\_ Mechanical \_\_\_\_ Plumbing PLAN PREVIEW \$ \_\_\_\_ \_\_\_\_ 2 Sets of Sealed Drawings & Specs. COST OF PERMIT \$ .... \_\_\_\_\_ Sign or Billboard P.A. 135 Disclosure **TOTAL COST** \_\_\_\_\_ Demolition \_\_\_\_ Plan Review and Permit Fee Building Dept. By.... Engineer/Architect: \_\_\_\_\_ Phone ( Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information: Phone ( ) State Arkdress MESC Employer No. Federal ID No./Social Security no. Worker's Disability Compensation Carrier Expiration Date License No. If exempt from any of the above, explain here: Section 23A of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Complied Laws, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines. **AGENT'S AFFIDAVIT** 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 authorized agent, and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

| Signed: | <br> | Date: | <br> |
|---------|------|-------|------|
| -       |      |       |      |

## SIGN INSTALLATION

## PERMIT APPLICATION CHECKLIST (Return with Application)

| Permit applica                                 | tion for: (job address):  |   |
|--|---|---|
| Owner's Name                                   | :   |   |
| Contractor's N                                 | Jame:   |   |
| Before a zonin<br>place the sign.<br>possible. | ng approval may be granted, all of the following of By providing all information, you can assure the  | documentation must be submitted with an application to at the application can be reviewed as efficiently as   |
| 1.   | COMMERCIAL PERMIT APPLICATION   |   |
| 2.   | LOT DIAGRAM or PLOT PLAN on page to items listed on the form, and must show where relationship to buildings and lot lines.                                | wo of the application form. The drawing must include all the sign is to be placed on the owners property, and its   |
| 3.   | of the sign and foundation plans. For exterior  | * & SPECIFICATIONS. Drawings must include height wall signs, include a drawing that dimensions the entire, and or existing signs, please indicate complete in the property.                       |
| 4.   | TYPE: Indicate type of sign to be placed (i.e.  | free standing pylon, monument, wall, temporary, etc.)   |
| 5,   | PROOF OF OWNERSHIP (deed, land con  | ract, tax statement, etc.)  |
| 6.   | PROPERTY TAX ID NUMBER FOR PRO  | PERTY INVOLVED.   |
| 7.   | ELECTRICAL PERMIT: A separate electri   | cal permit is required for illuminated signs.   |
| applicable ord                                 | ion will be reviewed when all information has be<br>linance requirements has been verified. Placeme<br>coning approval permit. Approval is required price | een received, and a permit issued when compliance with<br>nt of the signage should not proceed until you have first<br>or to placement of any sign or sign component.                             |
| Monday throug<br>system operates               | in Friday. The HOME OFFICE may be contacted by I  | .) <u>OFFICE HOURS</u> are 8:00 am to 12:00 and 1:30pm to 4:30pr <u>PHONE</u> at 269-629-0600 or 1-800-627-2801 (an answering pections); by <u>MAIL</u> at 8721 Guil Road, Suite B, Richland, MI, |
| Signed:  |   | Date:   |
| C:\RICHLAND\PC                                 | DRMS\MASTERDOCUMENTS\SKNCKLIST  | 5/8/08 CC   |

## LOT DIAGRAM

| Owner.   |          |  |  |  |  |
|--|----------|--|--|--|--|
| Project Address:   |          |  |  |  |  |
|  | ·        |  |  |  |  |
| <ol> <li>Draw lot lines in feet</li> <li>Label street</li> <li>Draw existing structures</li> <li>Draw proposed construction</li> </ol> | 6)<br>7) | Show dimensions of all buildings<br>Show distance from all sides of buildings to all lot lines<br>Draw lakes, streams, and wet lands within 500 feet<br>Contractor/owner will stake 2 adjacent lot lines |  |  |  |
|  |          |  |  |  |  |
|  |          |  |  |  |  |
| ·  |          |  |  |  |  |
|  |          |  |  |  |  |
|  |          |  |  |  |  |
|  |          |  |  |  |  |
|  |          |  |  |  |  |
| •  |          | •  |  |  |  |
|  |          |  |  |  |  |
|  |          |  |  |  |  |
| Signature of Applicant/Agent:  |          | Date :   |  |  |  |