

City of Perry 203 W. Polly St., Perry, MI 48872

Ph: (517) 625-6155 Fax: (517) 625-6157 www.perry.mi.us

SIGN PERMIT APPLICATION

1. General Information

Applicant N	Name			
Property O	wner (if different than applicant)			
Business to	o which sign pertains			
Address				
City/State/2	Zip			
Phone				
Email				
Permanent	t Parcel Number			
Zoning Dist	trict			
Lot Size				
Zoning Dist	trict of Adjacent Parcels to the:			
North	South	East	West	
2. Project	Information Sign Type Wall Sign Free-Standing Sign Less than 50 square feet Greater than 50 square feet Projecting Sign Marquee Sign Monument Sign Electronic Sign A-Frame Sign Temporary Sign			

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sign Information		
Number of signs:		
Sign dimensions:		
Horizontal		
Vertical		
Total Display Area:		
Height:		
Distance from	ground to bottom of sign	
Distance from ground to top of sign		
Setback(s) from prope	erty line/right-of-way:	
If projecting sign, how	r far will sign project?	
Sign materials:		
Wording/message on	sign:	
Will this sign be illumi	nated?	

3. Project Plan

Please make a brief sketch below or attach a plan showing the location, dimensions, and other pertinent information regarding the proposed sign(s) in relation to the street and alignment with existing buildings on your property and adjoining properties.

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ZONING ADMINISTRATOR

Approval Signature

BUILDING INSPECTOR

Building Permit required?

Verification Signature

I hereby certify that all work performed under this permit for which the application is made will conform with the Zoning Ordinances of the City of Perry, Shiawassee County Zoning Ordinances, and the laws of the State of Michigan. I, (applicant), do hereby swear that the information given herein is true and correct. Signature of Applicant Printed Name of Applicant Date Signature of Property Owner (if different) Date Printed Name of Property Owner (if different) _____ (property owner), hereby give permission for the City of Perry officials, staff, and consultants to go on the property for which the above referenced site plan in proposed for purposes of verifying information provided on the submitted application. 5. Review and Approval FOR CITY OF PERRY USE ONLY: Application No. Applicant Name: Payment Method: Fee: Received By: Date: Time:

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Yes

Date:

Date:

☐ No