



SIGN PERMIT APPLICATION

In accordance with Section 14.07 of the Zoning Ordinance

Highland Township Planning Dept.
205 N. John St.
Highland, MI 48357
(248) 887-3791 ext. 2

1) Location of Sign:

Address: _____ Zip: _____

Parcel #: _____ Current Zoning: _____

2) Owner of Sign and/or Business:

Name: _____

Address: _____ Zip: _____

Phone: _____ Email: _____

3) Owner of Property and/or Building:

Name: _____

Address: _____ Zip: _____

Phone: _____ Email: _____

4) Contractor (Installer): (Include copies of all contractors licenses including driver's license)

Name: _____

Address: _____ Zip: _____

Phone: _____ Email: _____

Sign Specialist License # _____ Sign Contractor License # _____

5) Type of Sign: (check all that apply)

Freestanding Wall Mounted Changeable Copy Directional Other: _____

Temporary – **Proposed Dates:** from _____ to _____

6) Two (2) Site Plans (must be to scale and include the following)

a) Distance from sign to property lines and road right-of-way

b) Location of utilities

c) Existing structures, landscaping, and parking areas

7) Two (2) sets of Sign drawings and specifications (must be to scale and include the following)

a) Sign Height: (from grade to top of sign)

b) Sign dimensions (Vertical, Horizontal, and Total area)

c) Sign type: (Wood, Plastic, Lighted, Metal, Channel, etc.)

d) Elevation Drawing of Sign (including text and drawn to scale)

e) Describe or include photos of any other signs located on the property

8) Other Applicable Permits: Yes _____ No _____ (Check one)

Electrical permit with UL number (UL # must be provided prior to final inspection)

9) Value of Sign: \$ _____

10) Property Owner Acknowledgement and Signature:

I, the undersigned, as the property owner state that I have given permission for the applicant to apply for a sign permit at the address above noted as location of sign.

Property Owner Signature: _____ Date: _____

Print Name: _____

11) Applicant Acknowledgement and Signature:

I, the undersigned, state that the foregoing answers contained herein, and the information submitted herewith, are in all respects true and correct to the best of my knowledge and belief.

Applicant Signature: _____ Date: _____

Print Name: _____

FOR OFFICE USE ONLY

Date Received: (date stamp here)

Application Fee: \$ _____

Review Fee: \$ _____

Registration: \$ _____

Fine: \$ _____

Total: \$ _____

Permit # _____

Date Issued: _____