

# ZONING PERMIT APPLICATION

-- SIGN --

ARGENTINE TOWNSHIP

9048 SILVER LAKE ROAD LINDEN, MI 48451

FIRE DEPT. OFFICE (810) 735-4911 FAX NO. (810) 735-1454

Estimated Value of Project \$	Parcel ID: 01-
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LOCATION OF SIGN		
Address:		
City:	State:	Zip:

OWNER INFORMATION		
Name:		
Address:	Phone: ( )	
City:	State	Zip:

SIGN CONTRACTOR INFORMATION		
Name:		
Address:	Phone: ( )	
City:	State:	Zip:
License No:	Expiration Date:	
Federal Employer ID or Reason for Exemption:		
Workers Comp. Insurance Carrier or Reason for Exemption:		
MESC Employer Number or Reason for Exemption:		

TYPE OF BUSINESS			
<b>Residential Sign:</b>			
<input type="checkbox"/> Home Base Business:	<input type="checkbox"/> Existing	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Agricultural
<b>Commercial Local &amp; General:</b>			
<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Religious
<b>Agricultural Sign:</b>			
<input type="checkbox"/> Farm	<input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Educational
<b>Industrial Sign:</b>			
<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Religious

PRINCIPAL TYPE OF SIGN						
<input type="checkbox"/> Electrical	<input type="checkbox"/> Digital	<input type="checkbox"/> Wood	<input type="checkbox"/> Portable	<input type="checkbox"/> Stationary	<input type="checkbox"/>	<input type="checkbox"/>

SIGN DIMENSIONS			
Height: _____	Length: _____	Width: _____	Total square footage: _____
Illuminated:	Yes: _____	No: _____	Total square footage: _____

**LOT DIMENSIONS**

Width (frontage): \_\_\_\_\_ Depth: \_\_\_\_\_ Total square footage: \_\_\_\_\_

Parking Lot: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes: Total parking space(s): \_\_\_\_\_

**APPLICANT INFORMATION (if not Owner)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_

State \_\_\_\_\_

Zip: \_\_\_\_\_

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.

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 Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this State relating to persons who are to perform work on residential buildings or a residential structure.

Violators of Section 23a are subject to civil fines.

Signature of Applicant or Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**-----ARGENTINE TOWNSHIP OFFICE USE ONLY – DO NOT NOT WRITE BELOW THIS LINE-----**

Approved

Signature: \_\_\_\_\_

Not Approved

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:-

\_\_\_\_\_  
\_\_\_\_\_

Indicate direction of North within the circle.  
Indicate the side yard setbacks on your site plan.  
Indicate the rear yard setback on your site plan.  
Indicate the front yard setback/right away from the center of the road.  
Indicate the distance from the road to the sign.

