



Phone: (269) 756-9221

Fax: (269) 756-3031

**PERMANENT SIGN PERMIT – CONSTRUCTION OR ALTERATION
APPLICATION**

APPLICANT INFORMATION:

Applicant Name: _____ Date: _____

Applicant Contact #: _____ Email: _____

Applicant Address: _____

Address of Sign Location: _____
(if different from above)

To be erected by: _____ Sign Erectors' License #: _____

Signature of Applicant _____ Date _____

TYPE OF SIGN:

Projecting: _____ Ground: _____ Wall: _____ Awning: _____ Other: _____

Dimensions: Width: _____ Height: _____ Total Square Feet: _____

Overall Height of Sign: Feet: _____ Inches: _____

Illuminated: Yes No Source of Light: Internal External

Clearance (lowest point of sign to grade): Feet: _____ Inches: _____

Will this be a: Replacement Sign Repair/Maintenance New

Area of **existing signs** at the site: Square Feet: _____

Dimension of Parcel: _____

Dimensions of Wall (for wall signs): Width: _____ Height: _____

For Office Use Only:

Approved Denied _____

Zoning Official