



Building Department

301 W. Main Street, Owosso, MI 48867 Phone: (989) 725-0540 Fax: (989) 725-0546

## SIGN PERMIT APPLICATION

**Permit application address:** \_\_\_\_\_

### The following is required:

Zoning district: \_\_\_\_\_

Part of DDA/historic district? \_\_\_\_\_

If yes, requires DDA approval. \_\_\_\_\_

Site plan showing:

total square footage

attachment detail

sign location/setbacks for ground or pole sign

Image of sign on building \_\_\_\_\_

Copy of sign artwork \_\_\_\_\_

### Contractor Information:

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

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

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

Phone Number: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

License Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

### Property Owner Information:

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

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

Phone Number: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Type of sign(s):

Awning: \_\_\_\_\_

Ground: \_\_\_\_\_

Pole: \_\_\_\_\_

Portable: \_\_\_\_\_

Projecting: \_\_\_\_\_

Wall: \_\_\_\_\_

Temporary: \_\_\_\_\_

Dates displayed: \_\_\_\_\_

### Size of sign(s):

Height: \_\_\_\_\_

Width: \_\_\_\_\_

Depth: \_\_\_\_\_

Sign area (square feet): \_\_\_\_\_

Ground clearance (pole sign): \_\_\_\_\_

Number of sides (ground or pole): \_\_\_\_\_

### Materials/Style:

Metal: \_\_\_\_\_

Painted: \_\_\_\_\_

Plastic: \_\_\_\_\_

Wood: \_\_\_\_\_

Other: \_\_\_\_\_

Color: \_\_\_\_\_

**Sign lighting:**

Source: Internal or External	Number of fixtures proposed:
Type of lighting proposed:	Height from grade (if applicable):
Name of Electrician:	

The provisions regulating signage are provided in **Chapter 26 - Signs** of the City of Owosso Zoning Ordinance.

**Sign Permit Fee: \$30.00 Base Fee + \$0.40 per square foot + \$50.00 Inspection Fee**

**By signing below, the contractor agrees to perform the described work in accordance with all applicable sections of the City of Owosso Code of Ordinances. Signer will insure that all inspection requests are made a minimum of 48 hours prior to the requested time.**

Signature of Contractor:

Print Name: Date:

Signature of Owner:

Print Name: Date:

*Office Use Only*

Permit number: Date Received: Fee:

Date of Approval: Date of Denial:

Approved by: