

VERGENNES TOWNSHIP
P O Box 208
Lowell, MI 49331
Phone: 897-5671 Fax: 897-5674

SIGN PERMIT APPLICATION

Date: _____ Fee: **\$25.00** Paid _____

Applicant name: _____

Street address: _____

City, state, zip: _____

Phone numbers: _____

Email address: _____

Sign location address: _____

Permanent parcel number: 41-16-____-____-____

Zoning district: _____

Type of sign: ground ___ post ___ wall ___ billboard ___

Sign size: width _____ length _____ square footage _____

Sign height: ground to top of sign _____ ground to bottom of sign _____

Lighting: yes ___ no ___ If yes, describe type: _____

Business name: _____

Required attachments:

- A. Site plan: attached or draw on page 2 showing proposed location of the sign and existing locations and square footage of any other signs on the same parcel. If a wall sign, include photo or drawing of building front.
- B. Specification and scale drawings showing materials, design, dimensions, structural supports and lighting details. (see lighting ordinance section 201.413a and sign section 201.403)
- C. Name, address, phone number, license number of sign contractor, if applicable.

Sign applicant signature: _____ Date: _____

Sign owner signature: _____ Date: _____

Draw site plan below or on a separate piece of paper

Office Use:

Zoning Administrator approval: _____ **Date:** _____

Zoning Administrator denial: _____ **Date:** _____

Reason:

Notes: _____
