

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

SIGN PERMIT APPLICATION

DATE: _____ FEE: **\$25.00** PAID _____

SIGN OWNER NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

BUSINESS NAME: _____

PERMANENT PARCEL NUMBER: 41-16-__ __ - __ __ __ - __ __ __ .

STREET ADDRESS WHERE SIGN IS TO BE LOCATED: _____

REQUIRED ATTACHMENTS:

- A. SITE PLAN ATTACHED SHOWING PROPOSED LOCATION OF THE SIGN WITH LOCATIONS AND SQUARE FOOTAGE OF ANY OTHER SIGNS ON THE SAME PARCEL.
- B. SPECIFICATION AND SCALE DRAWINGS SHOWING MATERIALS, DESIGN, DIMENSIONS, STRUCTURAL SUPPORTS AND LIGHTING DETAILS. (see lighting ordinance section 4.13A)
- C. IF IN CONJUNCTION WITH A HOME OCCUPATION OR HOME BASED BUSINESS, DESCRIBE SIZE, SCOPE, AND TYPE OF BUSINESS.
- D. NAME, ADDRESS, PHONE NUMBER, LICENSE NUMBER OF SIGN CONTRACTOR, IF APPLICABLE.

SIGN OWNER SIGNATURE: _____ DATE: _____

ZONING ADMINISTRATOR APPROVAL: _____ DATE: _____

ZONING ADMINISTRATOR DENIAL: _____ DATE: _____
REASON: _____

NOTES: _____

