



200 Lake Street Cadillac, MI 49601 Phone (231)775-0181

**Sign Permit Application/Permit**

Office Use Only:	Permit # _____	Date _____
Zoning District _____	Fee (Circle One) Permanent \$20 Temporary \$10	
Approve By _____		

Applicant's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Site Address \_\_\_\_\_ Business Name \_\_\_\_\_

Property Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Circle Sign Type (WALL, POLE, PROJECTING, MONUMENT) If Temporary # of Days \_\_\_\_\_

Circle Purpose Type (INSTITUTION, BUSINESS, DISPLAY) Value \_\_\_\_\_ Height \_\_\_\_\_

Set back(s) \_\_\_\_\_

For Wall Signs: Weight \_\_\_\_\_ Building Height \_\_\_\_\_ Width \_\_\_\_\_

**SHOW SIGN COPY – AN ATTACHED CONCEPT OR SKETH IS PREFERRED**

H	--	--18'
E	--	--
I	--	--14'
G	--	--10'
H	--	--6'
T	--	--
	--	--2'
	--	--
TOTAL DISPLAY AREA _____ DIMENSIONS: HGT _____ WIDTH _____		

I hereby certify that the proposed work is authorized by the property owner and will comply with all local and state laws. This permit will become null and void if work is not started within SIX MONTHS from date of permit.

Applicant Signature X \_\_\_\_\_ Date \_\_\_\_\_