

APPLICATION FOR PERMANENT SIGN PERMIT

(810) 678 – 2237

Metamora Township

730 WEST DRYDEN ROAD, METAMORA, MI, 48455

APPLICANT'S NAME			
ADDRESS			
CITY:	ZIP CODE:	PHONE:	
NAME OF BUSINESS OR ACTIVITY REQUIRING SIGN			
BUSINESS ADDRESS, IF ISSUED			
SIGN DESIGNER/INSTALLER			
BUSINESS ADDRESS			
TELEPHONE	()		
EXISTING ZONING			
EXISTING USE			

REQUIRED PLANS ATTACHED

- Site Sketch
- Building Elevations
- Scale Drawing of Each Sign

ESTIMATED COMPLETION DATE OF PROJECT _____

ARE YOU THE SOLE LEGAL OWNER OF PROPERTY? **YES** **NO**

Provide names, addresses, and signatures for all persons with a legal or financial interest in the property. All persons having legal interest in the property must sign this application.

	Name (Please Print)	Address	Interest	Signature
1.	_____			
2.	_____			
3.	_____			

I do hereby swear that all the statements, signatures, descriptions, and exhibits submitted on or with this application are true and accurate to the best of my knowledge and that I am authorized to file this application and act on behalf of all owners of the property.

_____ _____
 Signature of Applicant Date

Office Use Only

Date Received: _____ By: _____ Fee Paid: _____

Planning Commission Meeting (Date) _____ Action: Approved Denied

Conditions _____