

# SIGN INSTALLATION

## PERMIT APPLICATION CHECKLIST (Return with **Commercial Sign Permit** Application)

Permit application for: (job address): \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Before a zoning approval may be granted, all of the following documentation must be submitted with an application to place the sign. By providing all information, you can assure that the application can be reviewed as efficiently as possible.

- \_\_\_\_\_ 1. **COMMERCIAL PERMIT APPLICATION.**
- \_\_\_\_\_ 2. **LOT DIAGRAM or PLOT PLAN** on page two of the application form. The drawing must include all items listed on the form, and must show where the sign is to be placed on the owners property, and its relationship to buildings and lot lines.
- \_\_\_\_\_ 3. **THREE (3) SETS OF SEALED DRAWING & SPECIFICATIONS.** Drawings must include height of the sign and foundation plans. For exterior wall signs, include a drawing that dimensions the entire face of the wall. If there will be multiple signs, and or existing signs, please indicate complete information for all signs that will be located on the property.
- \_\_\_\_\_ 4. **TYPE:** Indicate type of sign to be placed (i.e. free standing pylon, monument, wall, temporary, etc.)
- \_\_\_\_\_ 5. **PROOF OF OWNERSHIP** (deed, land contract, tax statement, etc.)
- \_\_\_\_\_ 6. **PROPERTY TAX ID NUMBER FOR PROPERTY INVOLVED.**
- \_\_\_\_\_ 7. **ELECTRICAL PERMIT:** A separate electrical permit is required for illuminated signs.

Your application will be reviewed when all information has been received, and a permit issued when compliance with applicable ordinance requirements has been verified. Placement of the signage should not proceed until you have first received the zoning approval permit. Approval is required prior to placement of any sign or sign component.

**BUILDING DEPARTMENT OFFICE HOURS** are 1:00pm to 5:00pm, Monday through Friday and All Day Wednesday.  
**TELEPHONE** at 517-641-4238; by **MAIL** at 14480 Webster Rd, PO Box 247, Bath, MI 48808; or by **FAX** at 517-641-4170.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_