

SIGN PERMIT

City of Mount Clemens One Crocker Boulevard, Mount Clemens, Michigan 48043
586.469.6818 x902

JOB LOCATION/ADDRESS:					
Street Address & Job Location (Street No. and Name)		Name of Owner/Agent		Telephone Number:	
CONTRACTOR INFORMATION					
Name			Driver's License No.		Expiration Date
Address (Street No. and Name)		City		State	Zip Code
Telephone Number		License Number		Federal Employer ID No.	
Workers Compensation Insurance Carrier			MESC Employer No.		
FEE CHART:	ZONING REVIEW	PERMIT	# ITEMS	BOND	TOTAL
WALL/AWNING	\$50	\$50 PER SIDE		\$200	
MONUMENT/POLE	\$50	\$75 PER SIDE		\$200	
RESURFACE COPY ONLY (internal review only)	N/A	N/A			
DIRECTIONAL	\$50	\$75		\$200	
TEMPORARY (2-30 Day/per year) (internal review only)	N/A	N/A			
CONTRACTOR REGISTRATION		\$30			
OTHER					
TOTAL FEES:					
LIGHTING:	___ YES* ___ NO				
*IF YES, AN ELECTRICAL PERMIT MAY BE REQUIRED					
Please describe the type of lighting (i.e. internal, external illumination, etc.):					
SQUARE FOOTAGE:					
Proposed Sign square footage _____			Total Square footage of ALL current signs _____		
Linear Square footage of site location _____			Square footage of floor area _____		
APPLICANT SIGNATURE:					
I hereby certify that I will comply with all applicable City Codes and State laws regarding the installation of this sign(s), including not commencing with any construction until the permit is approved.					
You have applied for a sign permit in accordance with the City of Mount Clemens Sign Ordinance. Should the permit be issued to you, you are advised of the following responsibilities:					
<ol style="list-style-type: none"> 1. A print or plan of the sign must be attached to provide the City with sufficient graphic information to determine compliance with applicable City codes (i.e. size, height, lettering, color scheme, and location on parcel/and or building. 2. No sign shall be erected in such a manner as to obstruct the vision at an intersection of any street or public way(s). 					
Contractor/Owner Signature			Print Name Legibly		Date
Approval Signature			TITTLE Community Development		Date
-FOR OFFICE USE ONLY- ZONING DISTRICT:		PERMITTED SQ FOOTAGE:		PROPOSED SQ FOOTAGE:	
NO. OF PEERMITTED SIGNS:		WALL:		WALL:	
WALL:		MONUMENT/POLE		MONUMENT/POLE:	
MONUMENT/POLE:					