



PERMIT FEE = \$35.00

Received: _____ Pymt. Type: _____

**APPLICATION FOR A PERMANENT SIGN PERMIT
CONSTRUCTION OR ALTERATION**

***Incomplete applications will be rejected.**

Date of application: _____ Date issued: _____

District: _____ Tax parcel #: _____

Address of sign location: _____

Owner of land: _____ Owner or lessee of sign: _____

To be erected by: _____ City sign erectors' license #: _____

Applicant's address: _____ Phone #: _____

Email address: _____

Type of sign:

Projecting: _____ Ground: _____ Wall: _____ Awning: _____ Other: _____

Dimension of Sign: Width: _____ Height: _____ Total square feet: _____

Overall height of sign: Feet: _____ Inches: _____

Illuminated: _____ Yes _____ No Source of light: _____ Internal _____ External

Clearance (lowest point of sign to grade): _____ Feet _____ Inches

Will this be a: _____ Replacement sign _____ Repair/Maintenance _____ New

Area of existing sign(s) at the site: _____ Square feet

Dimension of Parcel: _____ Dimensions of Wall (for wall signs) Height: _____ Width: _____

PROVIDE: SIGN COPY, INDICATE EXACT LOCATION & SIZE OF ALL SIGNS & LOCATION OF ALL BUILDINGS

PLEASE RETURN TO: CITY OF WHITE CLOUD, PO BOX 607/12 N. CHARLES WHITE CLOUD, MI 49349

Phone: 231-689-1194 Fax: 231-689-2001

Email: kelli@cityofwhitecloud.org

Zoning Administrator Signature

APPROVED _____ DENIED _____ DATE _____

NOTES: