



**PERMIT FEE = \$35.00**  
Received: \_\_\_\_\_ Payment. Type: \_\_\_\_\_

### SIGN APPLICATION

**\*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: \_\_\_\_\_ Temporary/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**

**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 : [clerk@cityofwhitecloud.org](mailto:clerk@cityofwhitecloud.org)

\_\_\_\_\_  
Zoning Administrator Signature

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ DATE \_\_\_\_\_  
NOTES:

City of White Cloud, 12 N. Charles Street, P.O. Box 607, White Cloud, Michigan 49349  
Tel: (231) 689-1194 Fax: (231) 689-2001 Website: [www.cityofwhitecloud.org](http://www.cityofwhitecloud.org)

The City of White Cloud is an equal opportunity provider, employer and lender.