

SIGN PERMIT APPLICATION

**City of Frankenmuth
240 W. Genesee Street
Frankenmuth, MI 48734-1398
Phone: (989) 652-9901
Facsimile: (989) 652-3451**

Date _____ Permit No. _____

Name of Applicant _____ Phone No. _____
Address, City, State, Zip _____
_____ Zoning District _____

Location of sign if different than above: _____

Type of Sign: Free Standing /Pole Building/Wall Mounted Replace Copy Other _____
(Note: A temporary sign permit application must be completed for temporary signs).

Dimension of Sign _____ Single Face Double Face

Lighting: No Yes. Please describe type of lighting (i.e. internal, external illumination, etc.) _____

Will an electrical permit be obtained? No Yes, List Contractor _____

Estimated Project Cost \$_____ Total Sq. Footage. of ALL Current Signs _____

You have applied for a sign permit in accordance with the City of Frankenmuth's Sign Regulations (Article 17, Chapter 51 of Title V). Should the permit be issued to you, you are advised of the following responsibilities:

- 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).
- 3. If the location of the proposed sign is within the Historic Preservation District, the Historic District Commission must approve this application prior to a permit being issued. This process usually takes up to ten (10) business days.

If you have any questions, please contact the Zoning Administrator during regular business hours.

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 this permit is approved.

Applicant's Signature _____ Date _____

Make check payable to "City of Frankenmuth"

-Office Use Only-

Permit Fee \$_____

Check all of the following which are applicable:
 Historic District Comm. Approved/Denied on _____. Zoning Board of Appeals Approved/Denied on _____.
 City Council Approved/Denied on _____. Building Inspector Approved/Denied on _____.

Zoning Administrator Approved/Denied: Signed _____ Dated _____

Payment: No Charge Invoice Cash Check No. _____ Date Rec'd: _____