

3338 Coolidge Hwy. Berkley, Michigan 48072 (248) 658-3320 FAX (248) 658-3321 www.berkleymich.org

## **SIGN PERMIT APPLICATION**

Work being done at:		
Address:		Day Telephone:
Name of Business:		
Business Owner:		
Sign Contractor: Company Name:		
License Holder:		Contractor's License Number:
Address:		City: Zip:
		EMAIL:
Requirements:		
without this information.		tors doing work in our city. No registrations or permits are issued
Two (2) sets of plans showing the following: What will the sign look like?		What material is the sign?
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Where will the sign be locat	ted?	How will the sign be installed or supported?
If the sign is a wall sign, ho	w large is the wall?	Will the sign be illuminated*?
		An electrical permit is required
Dimensions must be shown on all plans.		·
I agree to repair any damage	e done to public or private	property.
ordinances of this jurisdic and may be revoked at any Refund Policy: Upon request,	tion including the zoning y time upon violation of a all cancelled permits with no i	nat the said construction shall, in all respects, conform to the gordinance, regulating the construction and use of buildings, any provisions of said ordinances." inspections will be refunded at 50% of the permit costs with a minimum actions have been completed.
Signature		Print Name Signed
Date Received		Received by (Department Representative)
Department use only:		
Approved	Stipulations	Date
Permit Number:		