

## CITY OF BERKLEY, MICHIGAN SIGN PERMIT APPLICATION

Fax: 248-658-3301 www.berkleymich.org

Application for a permit to (Describe	what you are pro	oposing to do):	
Work being done at:			
Address:		Day Telepho	one:
Name of Business:			
Business Owner:			
Sign Contractor:			
Company Name:			
License Holder:			
Address: Ci			Zip:
Telephone:		_	
Requirements: A copy of your insurance must be on file without this information.	e for all contractor	s doing work in our city. No re	gistrations or permits are issued
Two (2) sets of plans showing the fo	llowing:		
What will the sign look like?		What material is the sign	?
Where will the sign be located?		How will the sign be installed or supported?	
If the sign is a wall sign, how large is the	e wall?	Will the sign be illuminated*?	
10.		An electrical permit is red	quired
*Dimensions must be shown on all plan I agree to repair any damage done to pe "This permit is granted on the expres ordinances of this jurisdiction includ and may be revoked at any time upon	ublic or private pross ss condition that ling the zoning o	the said construction shall, rdinance, regulating the con	struction and use of buildings,
Signature		Print Name Signed	<u>.</u>
Date Received		Received by (Departmen	nt Representative)
Department use only:			
Approved	Stipulations		Date
Permit Number:			