

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

## **TEMPORARY SIGN PERMIT APPLICATION**

Work being done at:			
Address:			Day Telephone:
Name of Business:		· · · · · · · · · · · · · · · · · · ·	
Sign Contractor:			
License Holder:		Contractor's License Number:	
Address:	Cit	y:	Zip:
Telephone:		EMAIL:	
Requirements:			
without this information. T	emporary Signs mounted on buy days in a calendar year per Coowing the following:	uilding walls are allo	
When will the sign he les	ata dO	How will the sign be installed or supported?	
Where will the sign be loc	aled?	Trow will the sight be installed of supported?	
Dimensions must be show	vn on all plans.	Permit Fee \$45.00	
I agree to repair any dama	ge done to public or private pro	perty.	
ordinances of this jurisd and may be revoked at a Refund Policy: Upon reques	iction including the zoning or ny time upon violation of any	rdinance, regulating provisions of said pections will be refund	ded at 50% of the permit costs with a minimum
Signature		Print Name Signed	
Date Received		Received by (Department Representative)	
Department use only:			
Approved	Stipulations		Date
Permit Number:			