



City of Ann Arbor
PLANNING & DEVELOPMENT SERVICES — CONSTRUCTION SERVICES

100 North Fifth Avenue | P.O. Box 8647 | Ann Arbor, Michigan 48107-8647
p. 734.794.6263 | f. 734.994.8460 | building@a2gov.org

SIGN INFORMATION SHEET

If you are just **replacing lettering** on an **existing sign** you must include:

- Sign Application
- Photo or drawing of lettering including dimensions

If you are installing a **new sign/awning WITHOUT lighting** you must include:

- Building permit with 2 sets of signed and sealed drawings, done by an architect or structural engineer, detailing the connection and/or construction.
- Building permit application.
- Sign Application
- Photo or drawing of lettering including dimensions

If you are installing a **new sign WITH lighting** you must include:

- Building permit with 2 sets of signed and sealed drawings, done by an architect or structural engineer, detailing the connection and/or construction.
- Building permit application.
- Sign Application
- Photo or drawing of lettering including dimensions
- Have a licensed electrical contractor (either sign specialist/specialty or electrical contractor/master) obtain an electrical permit.

If you are installing **an awning with signage** on it you must include:

- Building permit with 2 sets of signed and sealed drawings, done by an architect or structural engineer, detailing the connection and/or construction.
- Building permit application.
- Sign Application
- Photo or drawing of lettering including dimensions

You must be a **REGISTERED CONTRACTOR** if the sign is illuminated; you will need:

- A registration form
- Copy of the sign specialty and sign specialist license
- Copy of the license holder's driver's license
- \$25.00 fee



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SIGN PERMIT APPLICATION

Permission is requested by the Contractor and by the Owner to perform work as described below and in the following pages, and as shown on the attached plans.

YOU MUST FILL IN ALL FIELDS

SIGN LOCATION	Address _____	Business Name _____	
PROPERTY OWNER	Name _____	Ph _____ Fax _____	
	Address _____	City _____ Email _____	
SIGN CONTRACTOR/ ERECTOR	Last Name/Business _____	Ph _____ Fax _____	
	Address _____	City _____ Insurance Carrier, Policy #, Exp Date _____	
Contractor/Applicant Signature: _____ Date: _____			
Is sign illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, an electrical permit is required.			
REQUIRED INFORMATION Building Frontage (feet) _____ Setback _____ <i>(property line to the nearest edge of the sign)</i> Sign Dimensions _____ Height (from grade) _____ Weight) _____ Sign Material _____ Method of Attachment _____ TOTAL EXISTING SIGNAGE FOR THE BUSINESS _____	TYPE OF SIGN <input type="checkbox"/> Ground Pole <input type="checkbox"/> Wall <input type="checkbox"/> Projecting <input type="checkbox"/> Awning <input type="checkbox"/> Roof <input type="checkbox"/> Banner <input type="checkbox"/> Marquee <input type="checkbox"/> Monument	SIGN USE <input type="checkbox"/> Identification <input type="checkbox"/> Advertising <input type="checkbox"/> Business ILLUMINATED <input type="checkbox"/> Incandescent <input type="checkbox"/> Fluorescent <input type="checkbox"/> Neon Approval Lab _____ Listing # _____	PLACEMENT <input type="checkbox"/> On Premise <input type="checkbox"/> Off Premise TEMPORARY <input type="checkbox"/> Real Estate <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Vacant Lot <input type="checkbox"/> Construction
		HISTORIC DISTRICT <input type="checkbox"/> Yes <input type="checkbox"/> No District _____ Approval _____	

You MUST submit TWO (2) copies of plans.

SIGN/SKETCH AND ATTACHMENT/DETAIL:

- Attached Information
- Single Faced
- Double Faced

LOCATION/SITE PLAN:

- Attached Information

OFFICE USE ONLY

- Permit Approved
- Permit Disapproved

Inspector _____

Date _____

REMARKS

FEES

\$ _____



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PLANNING & DEVELOPMENT SERVICES

Mailing: 100 North Fifth Avenue | P.O. Box 8647 | Ann Arbor, Michigan 48107-8647

Location: 2000 South Industrial Highway | Ann Arbor, Michigan 48104-6120

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PAYMENT COVER SHEET

NAME: _____

COMPANY/PROPERTY NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

SIGNATURE: _____