

CITY OF ANN ARBOR, MICHIGAN
SIGN PERMIT APPLICATION

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

SIGN LOCATION	Address _____		Zoning District _____
PROPERTY OWNER	Name _____		Phone _____
	Address _____		Fax _____
SIGN CONTRACTOR/ ERECTOR	Last Name/Business _____		Phone _____
	Address _____	City _____	Insurance Carrier, Policy #, Exp Date _____
Contractor/Applicant Signature: _____ Date: _____			
ELECTRICAL CONTRACTOR	Name _____		Phone _____
	Address _____		Insurance Carrier, Policy #, MESC # _____
REQUIRED INFORMATION:			
Building Frontage (feet) _____		TYPE OF SIGN:	
Setback _____ (property line to the nearest edge of the sign)		<input type="checkbox"/> Ground Pole	
Sign Dimensions _____		<input type="checkbox"/> Wall	
Height (from grade) _____		<input type="checkbox"/> Projecting	
Weight _____		<input type="checkbox"/> Awning	
Sign Material _____		<input type="checkbox"/> Roof	
Method of Attachment _____		<input type="checkbox"/> Banner	
TOTAL EXISTING SIGNAGE _____		<input type="checkbox"/> Marquee	
		<input type="checkbox"/> Monument	
		PLACEMENT	
		<input type="checkbox"/> On Premise	
		<input type="checkbox"/> Off Premise	
SIGN/SKETCH AND ATTACHMENT/DETAIL:			
<input type="checkbox"/> Attached Information			
<input type="checkbox"/> Single Faced			
<input type="checkbox"/> Double Faced			
SIGN USE:		ILLUMINATED	
<input type="checkbox"/> Identification		<input type="checkbox"/> Incandescent	
<input type="checkbox"/> Advertising		<input type="checkbox"/> Fluorescent	
<input type="checkbox"/> Business		<input type="checkbox"/> Neon	
		Approval Lab _____	
HISTORIC DISTRICT: <input type="checkbox"/> Yes <input type="checkbox"/> No		Listing # _____	
District _____		TEMPORARY	
Approval _____		<input type="checkbox"/> Real Estate	
		<input type="checkbox"/> Commercial	
		<input type="checkbox"/> Residential	
		<input type="checkbox"/> Vacant Lot	
		<input type="checkbox"/> Construction	
OFFICE USE			
<input type="checkbox"/> Permit Approved			
<input type="checkbox"/> Permit Disapproved			
Inspector _____ Date _____			
<input type="checkbox"/> Final Inspection Approved			
<input type="checkbox"/> Final Inspection Disapproved			
Inspector _____ Date _____			
LOCATION/SITE PLAN:			
<input type="checkbox"/> Attached Information			
REMARKS			FEE
			\$ _____

You **MUST** submit **TWO (2)** copies of plans.