



TEMPORARY SIGN PERMIT APPLICATION

Date: _____ Address of Sign Location: _____ **Center Line, MI 48015**

OWNER INFORMATION – (All Information is Mandatory)

Name: _____ State/Driver's License: _____
(As it appears on Driver's License) **Copy REQUIRED**

Address: _____ City: _____ State: _____ Zip: _____
(Street Address Only, No PO Box)

Work Phone: _____ Cell Phone: _____ FAX: _____

Email: _____ Date of Birth: _____

APPLICANT INFORMATION - (Responsible Party) (All Information is Mandatory)

Name: _____ Driver's License: _____
(As it appears on Driver's License) (State Issued)

Address: _____ City: _____ State: _____ Zip: _____
(Street Address Only, No PO Box)

Work Phone: _____ Cell Phone: _____ FAX: _____

Email: _____ Date of Birth: _____

SIGN DESCRIPTION & DETAILS – Draw a sketch of the sign, including the message on the sign and dimensions.

Note: Temporary Sign Permits are valid for no more than 21 days per calendar year in commercial/industrial districts, and 30 days per calendar year in residential districts; and shall be for definite consecutive dates not to exceed 14 calendar days.

OFFICE USE ONLY

PERMIT FEE: \$25.00 RECEIPT # _____

PUBLIC SAFETY: _____

BUILDING: _____

DATE ISSUED: _____

APPROVED DENIED

Maximum size for temporary signs is 36"x36" or 6.26 sq. ft.

SIGN DETAILS:

Length: _____ x Width: _____ = Total Sq. Ft.: _____

Sign Type: **PORTABLE BANNER WALL LAWN OTHER:** _____

Number of Sides: _____ Illuminated (Flashing lights not allowed): YES NO

Materials: Face: _____ Frame: _____

Signature of Applicant

Date