City of Center Line: (586) 757-6800 Building Department 7070 E. 10 Mile Rd. Center Line, MI 48015		FOR OFFICE USE ONLY		
		Permit #	Date Issued	
Sign Permit Application				
Address where sign will be placed:				
Owner's Name:		Pho	ne: Fax :	
Owner's Address:		City/State:_	Zip:	
Applicant:		Phor	ne:Fax:	
Applicant's Address:		City/State:Zip:		
Work Description & Details: Sign Application Require		FO	R OFFICE USE ONLY	
For All Applications: Submit two drawings of the sign with message and dimensions. For Wall Sign Applications: Submit two drawings showing the width of the front of the building and location of sign. For Ground Sign Applications: Submit two copies of the plot plan for the property and show location of sign. SIGNS MUST BE NON FLASHING		Fees Paid Permit		
Size of Sign	Type of Sign		Illuminated	
Total Square Feet Horizontal Vertical Overall Height	Wall Attached Ground Bench		() No () Yes Testing Lab Listing No or City Special Inspection	
Thickness	Neon Tubing		Electrical Contractor or Connection by:	
	.		or Connection by:	

Signature of Licensee Date

Number of Sides

Valuation of Sign

() Single Face

() Double Face

Materials

Face:

Frame: