

SIGN PERMIT APPLICATION

CITY OF BRIGHTON — 200 N. FIRST ST. — BRIGHTON, MI 48116 — (810) 225-8019

DATE: _____ PROPERTY TAX #4718- _____

APPLICANT: _____ PROPERTY OWNER INFO: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

CONSTRUCTION ADDRESS: _____

PROPOSED CONSTRUCTION: _____

ESTIMATED COST: _____

ELECTRICAL: _____

ZONING DISTRICT: _____

SQUARE FEET: _____

____ NEW SIGN

____ RELOCATION

____ REPAIR/REPLACE

REQUIREMENTS FOR A SIGN PERMIT

TWO COPIES OF DRAWINGS, INCLUDING MEASUREMENTS FROM GROUND, METHOD OF ATTACHMENT, COLOR, AND LOCATION OF SIGN ON BUILDING OR SITE. COPY OF **CERTIFICATE OF LIABILITY INSURANCE** NAMING “CITY OF BRIGHTON” AS CERTIFICATE HOLDER.

PLEASE ALLOW (10) BUSINESS DAYS FOR PROCESSING OF ALL PERMITS.

SUPPLEMENT FOR SIGN PERMIT

PROPERTY OWNER SIGNATURE: _____

SQUARE FEET PER FACE: _____ NUMBER OF FACES: _____

HEIGHT OF BUILDING (IF APPLICABLE): _____

HEIGHT OF SIGN: _____ (FT) TOTAL AREA OF SIGN: _____ (SQUARE FT)

GROUND CLEARANCE (DISTANCE BETWEEN GRADE AND BOTTOM OF SIGN): _____

TYPE: POLE _____ GROUND _____ WALL _____ OTHER _____

ELECTRICAL: DOES SIGN REQUIRE ELECTRICAL WIRING OR COMPONENTS? **YES** **NO**

IF YES, AN **ELECTRICAL PERMIT** IS REQUIRED.

INSTALLER OF SIGN: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE # _____

CONTRACTOR LICENSE # _____

EXPIRATION DATE: _____

FEDERAL EMPLOYER ID# _____

MESC EMPLOYER # _____

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT AND WE AGREE TO CONFORM TO APPLICABLE LAWS OF THIS JURISDICTION.

APPLICANT SIGNATURE: _____ DATE: _____

PRINTED: _____