

Authority:

Completion:

CITY OF COOPERSVILLE 289 DANFORTH STREET COOPERSVILLE, MI 49404 616-997-9731 VOICE • 616-997-6679 FAX

PERMIT NUMBER	

\$25.00 FEE

APPLICATION FOR SIGN PERMIT

ZONING ADMINISTRATOR 616-997-9731

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from

discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual

Penalty:	Permit will not be issued	orientation, and reprisal. (1	orientation, and reprisal. (Not an promoted bases apply to an programs).				
I. APPLICANT INFORMATION							
A. Owner or Le	ssee						
Name		Address					
City	State	Zip	Telephone	Telephone			
B. Contractor							
Name		Address					
City	State	Zip	Telephone				
Builders license number Expiration date							
Federal Employer ID number or reason for exemption							
Workers Comp Insurance Carrier or reason for exemption							
MESC Employer number or reason for exemption							
II. PROJECT INFORMATION							
A. Type of Sign	A. Type of Sign □ Temporary (15 days only) □ Permanent						
□ Project	■ Business	□ Political	■ Banner	□ Roll-a-way			
□ Wall	□ Pole	■ Projecting	Canopy	☐ Ground			

III. USE THE SPACE ON THE BACK TO DRAW A DIAGRAM OF THE FOLLOWING ITEMS:

- Design and layout proposed, including the total area of the sign, the size, height, character, materials and color of letters, lines and symbols.
- For illuminated signs, the number and types of lamps and lens material and a statement, in writing, that the illumination of such sign will meet the provision of Section 1282.06.
- Exact location of the sign in relation to the building and property.

P.A. 230 of 1972, as amended

Mandatory to obtain permit

• Details and specifications for construction, erection and attachment.

SITE OR PLOT PLAN

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/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY						
	REQUIRED	APPROVED/DENIED	DATE			
ZONING REVIEW	☐ YES ☐ NO					
VARIANCE GRANTED	☐ YES ☐ NO					
OTHER	☐ YES ☐ NO					
Comments						
Planning Director Signature			Date			