

Authority:

Completion:

P.A. 230 of 1972, as amended

Mandatory to obtain permit

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

PERMIT NUMBER	

\$50.00 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	nit will not be issued orientation, and reprisal. (Not all prohibited bases apply to all programs).								
I. APPLICANT IN	FORMATION									
A. Owner or Lessee										
Name		Address								
City	State	Zip	Zip Telephone							
B. Contractor										
Name		Address								
City	State	Zip	Telephone	2						
Builders license nun	Builders license number Expiration date									
Federal Employer II	Federal Employer ID number or reason for exemption									
Workers Comp Insu	Workers Comp Insurance Carrier or reason for exemption									
MESC Employer nu	MESC Employer number or reason for exemption									
II. PROJECT INF	ORMATION									
A. Type of Sign	☐ Tempo	rary (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.
- Details and specifications for construction, erection, and attachment.

$\mathbf{S}$	TF	E <b>O</b> I	R PI	LOT	PL	AN												 	

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					