



Permit # S _____

Village of Birch Run
12060 Heath Street, P.O. Box 371, Birch Run, MI. 48415
PHONE (989) 624-5711 FAX (989) 624-9681
e-mail:msetzer@villageofbirchrun.com

SIGN PERMIT APPLICATION

Date of Application _____

I. Applicant Information:

Name:
Address:
Phone #: Fax #: E-mail:

II. Contractor Information:

Name:
Address:
Phone #: Fax #: E-mail:

III. Property Owner:

Name:
Address:
Phone #: Fax #: E-mail:

IV. Business Information:

Name:
Address:
Parcel ID #: Sign Area Classification:

V. Type of Sign: / if Applicable

Table with 5 columns: 1. Pole Sign, 2. Wall Sign, 3. Ground Mounted, 4. Marquee/ Canopy, 5. Joint Identity, 6. Portable, 7. Special Purpose, 8. Monument, 9. Banner, 10. BONUS

VI. Temporary Sign:

Non-Residential Areas: Size X = Dates to be Displayed
Residential Areas (Commercial Uses Only): Size X = Dates to be Displayed

VI. Applicant, please provide the checked attachments:
Applicable

Building Department / if

- a. Stress Sheets w/ Wind Load Calculations
b. Sealed Documents
c. Two (2) copies of a Site Plan / Location
d. Three (3) sets of sign drawings w/ dimensions
e. Cost of Construction
f. Premium Outlet developments attach approved sign zone schematics.

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 agree to conform to all applicable regulations of Ordinance # 03-04 and any amendments thereto. All information submitted on this application is accurate to the best of my knowledge.

SIGNATURE OF APPLICANT _____ DATE _____

PRINTED NAME OF APPLICANT _____

Office Use Only

Permit Fee \$ _____ Approved [] Denied [] Building Official _____

Date _____