

**CITY OF MACOMB
SIGN PERMIT**

Application

Permit No. _____

Date: _____ Name of Business _____

Address of Sign Location: _____

Type of Application (check appropriate box)

- New Sign Relocation of Existing Sign Enlargement of Existing Sign
 Replacement of existing sign with new materials
 Change of sign resulting from change in business name, change of ownership,
nature of business or product

Owner of Sign: _____ Phone Number: _____

Address: _____

Sign Contractor and/or Erector: _____

Phone Number: _____ Address: _____

Total cost of all signage \$ _____ (materials & labor) Please use General Building Permit Fee Schedule.

Sign Permit Fee \$ _____

Will the sign be freestanding? _____

Will the sign be on the building? _____ If yes, what is the building setback on the property? _____ ft.

Does it have the required setback from curb line or 10' clearance? _____

Illuminated sign? _____ If yes, will illumination change? Yes No How often _____

What is the proposed total surface area of all sides of the sign? _____ Square Feet

Is *one* copy of the sign drawing that shows the following attached? Yes No

Dimensions of area of all sign surfaces _____

Actual sign message to be on sign surfaces _____

Height to bottom of sign _____ Height to top of sign _____

Location of sign on property and/or building, including distance to property line or street curb line

Applicant's Signature _____

Staff Review	Date _____	Fee _____	Payment Method _____
Zoning Classification _____ Approved By _____			
Conditions for approval: _____ _____ _____			
Denied by _____			
Reason _____			