



TEMPORARY SIGN PERMIT APPLICATION

Applicant(s)		Phone Number
Address		Daytime
Installer(s)		Phone Number
Address		Daytime

Project Address	400- _____ Owner: _____ Address: _____ _____	Current Zoning District _____ Phone Number _____
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Estimated Date of Installation:	<i>Existing Signs, if any:</i> Sign #1: Type: _____ Size: _____ Sign #2: Type: _____ Size: _____ Sign #3: Type: _____ Size: _____	
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Will this sign be illuminated: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> TEMPORARY SIGN: Height _____ Width _____ Face Area: _____ Setback from Property Line: _____ Materials: Support _____ Frame _____ Face: _____	
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Application must include a drawing as applicable:	<input type="checkbox"/> Drawn to scale of 1" = 10' <input type="checkbox"/> Dimensions of proposed sign <input type="checkbox"/> Building face and location to which the sign will be attached <input type="checkbox"/> Site drawing including lot lines, buildings, roads, easements and other access, and the location of the proposed ground sign
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I stipulate and understand the sign permit, if approved by the City of Grand Ledge, does not guarantee I may proceed with installation of the sign. I understand there may be additional permits required to meet trade codes and I understand the City of Grand Ledge does not have any power or authority over these additional permits. I certify the statements made and the information provided in this sign permit application are true, accurate and complete.

Applicant Signature: _____ Date: _____

For Office Use Only -----	Required Reviews	Approve / Deny	Initials
Fee Paid: _____	<input type="checkbox"/> Zoning Administrator	<input type="checkbox"/> <input type="checkbox"/>	_____
Date Received: _____	<input type="checkbox"/> Building Official	<input type="checkbox"/> <input type="checkbox"/>	_____