



Charter Township of Marquette
 1000 Commerce Drive, Marquette, Michigan 49855
 Phone: 906-228-6220 • Fax: 906-228-7337
 www.marquettetownship.org



Sign Permit

**NOTE: This Application must be completed and submitted to the Marquette Township Offices*

Property Owner

Name:		Address:	
Phone:	Fax:	Name of Contact Person:	Contact Phone:
E-mail Address:			

Tenant Information

Name:		Address:	
Complex Name:			
Has a Building Permit Been Obtained for This Project? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	Property / Parcel I.D. Number(s): <i>(found on tax bill)</i> 52-08- - -		Zoning District:
Legal Description(s) (attach pages as necessary):			

Contractor Information

Name:		Address:	
Phone:	Fax:	Name of Contact Person:	Contact Phone:
E-mail Address:			

Permission

If Applicant is not the Property Owner, does the Applicant have the Owner's permission? Yes No

Work Being Done

Modification to Existing Sign New Sign Other *(if 'other' please explain)*

	Sign Description	Type* (W,G,P,H)	Sq. Ft. of Sign face	Height off Ground	Lighting (Y/N)
#1					
#2					
#3					

* Sign Types: Wall, Ground, Projecting, Hanging

Construction Materials *(attach pages as necessary)*

Backing: _____
Letters: _____
How will the sign be lighted: _____
Will the sign installation require alterations to the building: _____
Please describe: _____
How will the sign be secured to the building: _____

Site Information

Area of building facade or occupied space: _____

Distance from edge of road to front of building: _____

Speed limit on road leading into proposed location: _____

If a projecting sign is proposed, what distance does it project from the face of the building (in feet): _____

In the space below or on an attached sheet, please draw each new or changed sign including the size (length and width), height, light source, materials used, lettering and graphics and, if a ground sign, its supporting structure and any plantings or other treatment at its base.

Applicant:
I certify that the information I have provided is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Applicant's Name (print): _____

Property Owner:
I certify that the information I have provided is true to the best of my knowledge.

Signature of Owner: _____

Date: _____

Owner's Name (print): _____

OFFICIAL USE ONLY

Official Receiving Application (*please print*): _____

Date: _____

Application: Approved Not Approved

Reason: Incomplete Application Other

Date: _____

Fee(s) Paid: Yes No

If Yes, Amount Paid: _____

Signature of Zoning Administrator: _____

Date: _____