

CITY OF MIDLAND SIGN PERMIT APPLICATION

MIKE STREETER (SIGN/ELECTRICAL INSPECTOR)

333 W. ELLSWORTH ST., MIDLAND, MI 48640

989-837-3383 | Fax 989-835-2378 | email: buildingpermits@midland-mi.org

1. JOB LOCATION

Name of Business _____

Street Address _____

2. BUILDING OWNER / LESSEE INFORMATION

Name of Owner /Lessee _____

Address _____

City/State/Zip/Phone #: _____

SIGN CONTRACTOR INFORMATION

Name _____

Address _____

City/State/Zip/ Phone #: _____

E-Mail / Phone # _____

State License # /expiration date _____

3. TYPE OF SIGN: Wall mounted _____ Ground mounted _____ Temporary _____

Internally lit? Yes _____ No _____ Listing # _____

Length _____ Width _____ Height _____ Area _____ Setback _____

Dates needed for temporary sign: _____

4. ADDITIONAL REQUIRED INFORMATION: *Please attach the following information to this application.*

- Written consent of the owner and/or lessee of the premises upon which the sign is to be erected.
- Plans and specifications showing the dimensions, materials, methods of construction, and attachments to the building or in the ground.
- Information concerning required electrical connections.
- Position of the sign in relation to nearby buildings, structures, and property lines.
- Location and square footage areas of all existing signs on the same premises.
- Copies of the stress sheets and calculations, as required by the Building Code.

5. A SIGN PERMIT SHALL BECOME NULL AND VOID IF THE WORK FOR WHICH THE PERMIT IS ISSUED HAS NOT BE COMPLETED WITHIN A PERIOD OF SIXTY (60) DAYS AFTER THE DATE OF THE PERMIT.

6. APPLICANT SIGNATURE: I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL CITY AND STATE LAWS REGULATING SIGNS, MARQUEES, AWNINGS AND BUILDING CONSTRUCTION.

SIGNATURE OF PERMITTEE _____

PRINTED NAME _____ DATE _____

EMAIL _____ PHONE _____

PERMIT APPLICATION FEE \$50.00