

APPLICATION FOR SIGN / FENCE PERMIT
TOWNSHIP OF SANDS
987 S. M-553, GWINN, MI 49841
PH 906-249-9169 FAX 249-2120

PERMIT # _____

I, _____ make the following authorized statement for

_____ of _____
(Owner of the property) (Address) (Phone)

Address of property requesting a permit _____

Legal description _____

Section _____ T _____ N-R _____ W Parcel # 52-14- _____ - _____ - _____

1. Are there any signs/fences on the site currently? Yes _____ No _____
2. Are any of these signs/fences to be removed? Yes _____ No _____
3. What is the area (sq ft) of any signs that will remain? _____
4. If a pole sign exists, will the poles be removed or altered in any way? Yes _____ No _____
5. What is the width of the support poles which support the sign? _____
6. How many square feet of sign area are proposed for any pole signs? _____
7. What is the height at maximum of the sign / fence? _____
8. How many square feet of sign area are proposed for any signs on buildings? _____
9. Will the sign / fence be lighted by electrical means? Yes _____ No _____
10. How far is the sign / fence setback from the centerline of the road? _____
11. Is this a temporary sign / fence? Yes _____ No _____ Explain: _____
12. Is this an off premise or billboard sign? (40 foot lot setback required) Yes _____ No _____

LOT DIAGRAM
(Not needed for Fences)

Provide a sketch or diagram of the proposed sign, framing and support pole, and a site sketch showing the location of the sign on the lot including heights and setbacks from all lot lines.
Please note that framing other than upright supports are included in the sign area.



I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized to make this application. I further certify that the proposed plans as shown are accurate to the best of my knowledge and contain a correct description, all signs existing on the lot and any proposed new signage.

Date _____ Owner or Owner's Agent Signature _____

Sketch of Sign (s)

OFFICE USE ONLY # _____

_____ DISAPPROVED

_____ APPROVED

COMMENTS/CONDITIONS _____



Date: _____ Zoning Administrator _____