

# APPLICATION FOR A SIGN PERMIT

## CITY OF TRENTON BUILDING DEPARTMENT

2800 Third Street, Trenton, MI 48183-2992

Phone: (734) 675-8251 • Fax: (734) 675-8504

ALL APPLICANTS ARE REQUIRED TO COMPLETE SECTIONS I, II, III, IV, AND V

### I. PROJECT INFORMATION

#### DESCRIPTION OF SIGN:

(In the space to the right, provide a detailed description of the Sign to be installed)

WALL SIGN       GROUND SIGN       PROJECTING SIGN       OTHER \_\_\_\_\_

### II. PROPERTY INFORMATION

#### A. LOCATION OF CONSTRUCTION

ADDRESS

### III. IDENTIFICATION

#### A. PROPERTY OWNER

NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

#### B. ARCHITECT OR ENGINEER

NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
LICENSE NUMBER	EXPIRATION DATE		

#### C. CONTRACTOR

NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
LICENSE NUMBER	EXPIRATION DATE		
FEDERAL EMPLOYER ID NUMBER (OR REASON FOR EXEMPTION)	WORKERS COMP INSURANCE CARRIER (OR REASON FOR EXEMPTION)		

### IV. APPLICANT INFORMATION

#### A. ADDITIONAL INFORMATION:

1. A site plan is required for the location of ground signs.
2. Electrical Permits are required for Signs that require electrical connections.
3. Failure to provide the required information on this permit application may result in denial of your request.

#### B. EXPIRATION OF PERMIT:

A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED.**

**COMPLETE SECTION V. APPLICANT SIGNATURE ON THE NEXT PAGE**

<b>V. APPLICANT SIGNATURE</b>			
APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.			
NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
ESTIMATED COST OF CONSTRUCTION			
I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS OR HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.			
SIGNATURE OF APPLICANT		DATE	

**\*\*\* SECTIONS VI. TO BE COMPLETED BY THE DEPARTMENT \*\*\***

<b>VI. DEPARTMENT USE ONLY</b>		
<b>A. REQUIRED BUILDING INSPECTIONS</b>		
<b>INSPECTIONS REQUIRED:</b>		
<input type="checkbox"/> FOOTING <input type="checkbox"/> FINAL <input type="checkbox"/> OTHER _____		
<b>B. APPROVAL</b>		
USE GROUP	TYPE OF CONSTRUCTION	SQUARE FEET
ZONING CLASSIFICATION		
APPROVAL TITLE		
APPROVAL SIGNATURE	DATE	

*Revised 02/2019 wb*