

VILLAGE OF MIDDLEVILLE Permit #: _____

100 E Main St, Middleville MI 49333 Phone: 269-795-3385 Fax: 269-795-8889

SIGN PERMIT APPLICATION - Fee is \$30.00

(No fee for a Temporary Sign Permit)

Instructions:

- Complete application.
- Attach a detailed sign drawing, showing text and illustrations to appear on it. Also show external light fixtures and written physical dimensions.
- o Attach a site map showing the exact location of the sign in relation to adjacent streets, sidewalks, driveways, right of ways, other signs, buildings and other structures.
- Each new or redesigned sign will require a separate permit.
- You MUST contact MISS DIG if there will be any digging.
- o Many signs also require a building permit which is issued by Professional Code Inspectors of Michigan Inc. They can be contacted at (269) 948-4088.

*Address of Sign Location:	
*If sign is located within DDA Bounda	ry, DDA Sign Grant matching funds may be available.
Name and Address of Property Owner:	
	Phone:
Name and Address of Applicant (if not owner):	
	Phone:
Name and Address of Contractor:	
	Phone:
Zoning District Greatest Si	ign Height: Area of Largest Sign Face:
Sign Clearance from Bottom	of Sign to Ground:
Is this a free-standing sign or will it be attached	d to another structure? Please Describe:
	ribe the number, type and location of the lights to be used. Include
I have read and understand Middleville's sign o	ordinance and related definitions:
Printed Name of Applicant	Printed Name of Owner
Signature of Applicant	Signature of Owner

FOR OFFICE STAFF USE:

1. Dr	rawing/dimensions of sign attached?		YES	NO	
2. Sit	te map attached?		YES	NO	
3. Fe	ee paid?		YES	NO	
Ar	mount paid: Rece	eived by:			
	ate:				
FOR ZONI	ING APPROVAL STAFF USE:				
1. Is	this sign new or redesigned?		NEW	REDESIGNED	
2. Is	the sign proposed allowed in sign regulations?		YES	NO	
Height Lir	mit: Sign face limit in square fe	et:			
Existing Sign Square Footage on Parcel:			Proposed Square Footage:		
Remaining available square footage:					
TEMPORA	ARY SIGN:				
Total num	nber of days using sign: Days	s remainii	ng after usa	age:	
Dates sigr	n will be used:				
Received	by:	-	Date:		
	APPROVED	DENIE	D		
Condition	ns for approval or/ reasons for denial:				
Signature of Village Zoning Administrator			 Date		
☐ Zoning /	Administrator verified permit				
Date:					