

SIGN PERMIT APPLICATION

City of Caro 317 S. State Street Caro, MI 48723

I. Job Location Street Address							Permit Number:					
							Date Receive	ed:				
Business Name							Date Issued:					
Phone Number of Owner							Permit Fee:					
II. Applicant Information												
Contractor Name Owner							Phone/Cell Number					
Address (Street Number and Name)							Contractor License Number					
City								7 in Code				
City					State				Zip Code	oue		
Fax	Number			dress								
Federal Employer ID Number (or reason for exemption)												
III. Type of Proposed Sign												
	Wall Sign		Window Sign		Will signs b Yes	?	If		gns shall be wired and a separate permit secured by: n Specialty Contractor Electrical Contractor			
	Panel Change		Monument Sig	n	Square Foo	le	ı	Height x	t x Length = Sq. Ft.			
	Banners / Flags		Temporary Sign	ı	Square Foo	s/Windows	Height x Length =		Length =	Sq. Ft.		
	Awning/Canopy Changeable Messa			essage	Size of Prop		Height x		Length =	Sq. Ft.		
The following items must be attached to this application in order for it to be processed (Electronic copies via email are acceptable):												
3 copies of scaled drawing including proposed sign dimensions, building frontage dimension, lot lines & dimensions, and setback of sign from front property line.												
Scaled drawing including upper height of the sign from grade, location of the sign on the building, and orientation of the sign												
Sign specifications including materials and details of construction, and anchorage or method of attachment												
Letter of authorization from building owner												
IV. Applicant Signature												
I hereby certify that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his 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		
Print Name												
FOR OFFICE USE ONLY												
Approved by: Date:												
Notified by: Date:												