



Charter Township of Garfield

Grand Traverse County

3848 VETERANS DRIVE
TRAVERSE CITY, MICHIGAN 49684
PH: (231) 941-1620 • FAX: (231) 941-1588

SIGN PERMIT APPLICATION

Incomplete applications will be returned to applicant.

ONE SIGN PER APPLICATION

1. Property Owner:

Address:

City, State & Zip Code:

Phone Number:

Applicant Information:

Address:

City, State & Zip Code:

Phone Number:

2. Property Information:

a. Property Address: _____

b. Business Name: _____

c. Lot # _____ Subdivision Name: _____

d. Parcel ID# 28-05- _____ - _____ - _____

e. Current Zoning: _____

f. Current Use: _____

g. Road Frontage: _____

h. Development Approval (PUD etc): _____

i. List any signs currently located on the parcel: _____

-----Application continued on the other side-----

3. Sign Type:

Free Standing: _____ Single Face: _____ Double Face: _____ Wall Sign: _____

Temporary Sign: _____ Development Sign: _____ Electronic LED: _____ (see #6 below)

Home Occupation: _____ Billboard: _____ Other (please explain): _____

4. Sign Material: _____

5. Sign Illumination:

Internal: _____ External: _____ None: _____

Illuminated and/or electronic signs may also require a permit from Grand Traverse County Electrical Permitting office. Please contact them at 231-995-6049.

6. Sign Measurements:

Overall Height: _____ Area (SF): _____

Support Type: _____ Existing Sign Support / Frame size: _____

Required: detailed sketch of the parcel with dimensions, proposed signage and its location on the parcel (setbacks & relation to buildings).

7. ELECTRONIC SIGN (LED etc.):

Please be advised that the property owner must sign this statement of acknowledgment should the application be for an electronic sign.

The undersigned affirms that he/she or they is/are the owner of the business and have reviewed the electronic changeable sign limitations of the Garfield Township Zoning Ordinance, and understand the prohibitions of scrolling text, streaming graphics, videos, once per hour change rate and all regulations associated with electronic signs.

Owner Signature

Date

Affidavit:

The undersigned affirms that he/she or they is (are) the owner, or authorized agent of the owner, and that the answers and statements herein contained and the information submitted are in all respects true and correct.

Owner signature

Date

Applicants signature

Date

:: <u>Office Use</u> ::		Date Stamp
Approved By:		