

Plan Review Fee \$ \_\_\_\_\_ Pd \_\_\_ Not Pd \_\_\_

Parcel ID# \_\_\_\_\_

# SIGN PERMIT APPLICATION

## City of Warren

DIVISION OF BUILDINGS AND SAFETY ENGINEERING

One City Square, Building Department Ste 305, Warren, Michigan 48093-2391 Phone 586-574-4504

DATE \_\_\_\_\_ 20 \_\_\_\_\_

**JOB LOCATION:** \_\_\_\_\_

ADDRESS

**ZONING DISTRICT** \_\_\_\_\_

THIS APPLICATION, WHEN PROPERLY SIGNED AND NUMBERED GRANTS PERMISSION TO ERECT AN APPROVED:

**OWNER OF SIGN** \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**PROJECTING SIGN**

**SIGN CONTRACTOR** \_\_\_\_\_

NAME

**ROOF SIGN**

Address \_\_\_\_\_

**WALL SIGN**

City \_\_\_\_\_

**MARQUEE SIGN**

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**GROUND SIGN**

**Electrical Permit Required** YES  NO

\_\_\_\_\_

**Is Sign Illuminated?** YES  NO

**ZBA Approval** \_\_\_\_\_

**Certificate of Occupancy** YES  NO

(Office use Only)

DATE

SIZE: Horizontal measurement \_\_\_\_\_ ft, Vertical measurement \_\_\_\_\_ ft, Area \_\_\_\_\_ Sq ft

Top of sign will be \_\_\_\_\_ ft above ground

**New Sign**  **Existing Sign**

Lower edge will be \_\_\_\_\_ ft above ground

**NOTE:** Two sets of plans showing construction of sign must accompany this application.

24 hours notice to Division of Building and Safety Engineering for inspection.

**E-MAIL ADDRESS** \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Licensee

**Total Fee \$** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_