

Community Planning & Development
 415 Stockbridge Ave.
 Kalamazoo, MI 49001
 (269) 337-8026 • FAX (269) 337-8513

**APPLICATION
 for
 SIGN PERMIT**

PERMIT #:
CCN:

PROJECT	PROJECT ADDRESS: _____ LEGAL ADDRESS: _____
	OWNER NAME: _____ PHONE#: _____
	OWNER ADDRESS: _____ CITY/ZIP: _____
	DESCRIPTION OF WORK: _____
APPLICANT	NAME (please print): _____ PHONE #: _____
	FIRM NAME (if applicable): _____
	ADDRESS OF FIRM: _____
	SIGNATURE OF APPLICANT: X _____ DATE: _____

**A Separate Permit Is
 Required For Each Sign!**

ZONE: _____	HDC: _____	DDRC: _____	Special Events (per week - 4 weeks max)\$35
			Grand Opening (2 weeks)\$50
			Sign Repair\$50
			Permanent (1-50 square feet)\$65
			(51-100 square feet)\$75
			(100+ square feet)\$85
			Barber Pole, Clock, Ornamental\$50

APPROVED FOR ISSUE BY: _____ DATE: _____ INSPECTOR: _____
(note: it is permit holder's responsibility to request all inspections a minimum of 24 hours in advance.)

WALL SIGN <small>(includes: projecting and awning signs)</small>	Linear Feet of Wall Space _____	MATERIALS
	Total Square Footage of Existing Wall Sign(s) _____	
	Size of Proposed Wall Sign(s) (_____ x _____) = _____	
	Method of Anchorage _____	
	Wood	
	Metal	
	Plastic	
	Other	

FREESTANDING SIGN	Linear Feet of Street Frontage _____
	Total Square Footage of Existing Freestanding Sign _____
	Size of Proposed Freestanding Sign (_____ x _____) = _____
	Height From Ground to Top of Sign Structure _____
	Size of Column(s) _____ Type & Depth of Footings _____
	Distance From Property Line to Closest Part of Sign _____

OTHER	Type of Sign(s) _____
	Date(s) From _____ To _____ From _____ To _____
	From _____ To _____ From _____ To _____
	Special Event Size (_____ x _____) = _____ Height _____
Grand Opening _____	

TOTAL FEES: _____
IF WORK IS STARTED BEFORE PERMIT IS ISSUED, AN INVESTIGATIVE FEE WILL BE CHARGED.