CITY OF EVART

200 S. Main St.
Evart, MI 49631
(231) 734-2181
(231) 734-3917-fax
www.evart.org

SIGN PERMIT

Date:

Property Information:
Address_____

Property Tax ID#___67-51_____

Zoning District_____

Business Advertised_____

Store Frontage (Width) _____ New Business _____yes _____no

Sign Type and Size:

☐Pylon ☐Building ☐Roof ☐Ground ☐Letter Board ☐Directional

☐Monument ☐Other
Size_____ Height above ground_____

Sign Construction materials: ☐Metal ☐Wood ☐Other

Sign Face: ☐Single Face ☐Double Face Size_____ Material_____

Foundation: _____ Size_____ Material_____

Support: _____ Size_____ Material_____

Method of Attachment: _____

Lighting: _____

Number of existing signs: _____

Total sign area of all signs: _____ **FT^2:**_____

A site plan shall be submitted, which identifies the location of all signs on the property to determine compliance with the City Zoning Ordinance. Further, sketches/drawings shall be provided of the proposed construction.

SIGN PERMIT (page 2)

Business Owner/Agent:
Name(s) _____

Address_____

Phone#_____

Property Owner:
(If different from Business Owner/Agent)
Name(s) _____

Address_____

Phone#_____

Applicant:
(If different from Business Owner/Property Owner)
Name(s) _____

Address_____

Phone#_____

Contractor:
(If applicable)
Name(s) _____

Address_____

Phone#_____

I have read this application and hereby certify it to be correct, and I agree to comply with all laws and ordinances governing the proposed work, to secure all necessary permits, to pay any fees and assessments that pertain, and that if I am not the owner of record, the proposed work has been authorized by such owner and I have been authorized as his/her Agent for the proposed work.

_____ _____
Signature of Owner/Agent Date

APPROVALS:

By: City of Evart Planning Commission on _____ 20____.

By: City of Evart City Council on _____ 20____.

_____ _____
Zoning Administrator Date