

SIGN PERMIT APPLICATION

Leroy Township
8156 4 Mile Road
East Leroy, MI 49051
Ph: 269-979-9421
Fax: 269-979-2775

Area Metropolitan Services Agency

Please make your check payable to and send it to, the appropriate jurisdiction noted.

Please mark box for appropriate jurisdiction.

Bedford Township
115 S Uldriks Drive
Battle Creek, MI 49037
Ph: 269-965-9096
Fax: 269-965-0908

Convis Township
19500 15 Mile Road
Marshall, MI 49068
Ph: 269-789-0654
Fax: 269-789-0657

Emmett Township
621 Cliff Street
Battle Creek, MI 49014
Ph: 269-968-0335
Fax: 269-968-0108

Newton Township
7988 G Drive South
Ceresco, MI 49033
Ph: 269-979-3212
Fax: 269-979-4470

Pennfield Township
20260 Capital Ave NE
Battle Creek, MI 49017
Ph: 269-968-4422
Fax: 269-968-2021

City of Battle Creek
10 N Division St, Ste 117
Battle Creek, MI 49014
Ph: 269-966-3382
Fax: 269-966-3555

City of Springfield
601 Avenue A
Springfield, MI 49015
Ph: 269-441-9273
Fax: 269-965-0114

Administrative Section:

Cash
 Check # _____ Receipt # _____ Inspector Approval _____ Issued Permit # _____
Zoning Administrator Approval _____ Date _____

I. JOB LOCATION

NAME OF BUSINESS AND BUSINESS OWNER _____ HAS AN ELECTRICAL PERMIT BEEN OBTAINED FOR THIS PROJECT?
 YES NO N/A
 STREET ADDRESS & JOB LOCATION (STREET NO. & NAME) _____ ZONING CLASSIFICATION _____
 JOB SITE TELEPHONE _____ CELL NUMBER _____ FAX _____
 NUMBER OF EXISTING SIGNS _____ TOTAL SQUARE FOOTAGE OF EXISTING SIGNS _____

II. SIGN CONTRACTOR (if applicable)

NAME _____ ADDRESS _____ CITY/STATE _____ ZIP _____
 PHONE NUMBER _____ FAX NUMBER _____ E-MAIL ADDRESS _____

III. ELECTRICAL CONTRACTOR (if applicable)

NAME _____ ADDRESS _____ CITY/STATE _____ ZIP _____
 PHONE NUMBER _____ FAX NUMBER _____ E-MAIL ADDRESS _____

IV. LOCATION OF SIGN

On Premise Sign
 Off Premise Sign

V. COST OF SIGNS (REQUIRED) \$ _____

Portable/Temporary Sign	Permanent Sign
Administration Fee \$25	Administration Fee \$50
Zoning Approval \$15	Zoning Approval \$25
Inspection Fee \$25	Inspection Fee (1 st \$1,000 of Cost) \$50
Plan Review (if applicable) \$25	Each Addl \$1,000 \$20
	Plan Review (if applicable) \$25
Total Fee Paid:	Total Fee Paid:

VI. SIGN INFORMATION

QUANTITY	TYPE OF SIGN (FASCIA, ROOF, POLE, ETC)	TYPE OF MATERIAL	LENGTH		WIDTH		NUMBER OF SIDES	TOTAL DISPLAY AREA	HEIGHT ABOVE STREET	
			FT	IN	FT	IN			FT	IN

APPLICATIONS MUST INCLUDE CONSTRUCTION DRAWINGS AND SITE PLAN

VII. COMMENTS/DESCRIPTION

DRAWING SPACE PROVIDED ON BACK SIDE

