

**SIGN PERMIT APPLICATION**

**FLINT TOWNSHIP**

**DEPARTMENT OF BUILDINGS**

1490 SOUTH DYE ROAD FLINT, MICHIGAN 48532

(810) 732-1350 FAX (810) 733-6919

DATE \_\_\_\_\_

PMT \_\_\_\_\_

PERMIT

#: \_\_\_\_\_

**I. LOCATION OF BUILDING**

ADDRESS

CITY

**II. PARCEL I.D #**

**ZONED**

**A. OWNER OR LESSEE**

TELEPHONE NO.

NAME

ADDRESS

CITY

STATE

ZIP

**B. ARCHITECT OR ENGINEER**

TELEPHONE NO.

NAME

ADDRESS

CITY

STATE

ZIP

**C. CONTRACTOR**

TELEPHONE NO.

NAME

ADDRESS

CITY

STATE

ZIP

**III. TO ERECT:**

NEW

REPLACEMENT

FREE STANDING

CANOPY

WALL

OFF PREMISE

\*NOTE: CANOPY SIGNAGE MUST MEET WALL SIGNAGE REQUIREMENTS

**IV. DESCRIPTION (INCLUDE TOTAL SQUARE FOOTAGE)**

**V. ESTIMATED COST OF CONSTRUCTION \$** \_\_\_\_\_

PERMIT FEE \$ \_\_\_\_\_



**X. SITE PLAN OR PLOT PLAN -- FOR APPLICANT USE**

**2 SETS OF SIGN & SITE PLAN DRAWINGS ARE REQUIRED**

INDICATE DIRECTION OF NORTH WITHIN THE CIRCLE: