

SAGINAW CHARTER TOWNSHIP
4980 Shattuck Road, Saginaw, MI 48603
Telephone – (989) 791-9865 Fax – (989) 791-9859

Permit Number: _____

Tax Roll Number: _____

Issue Date: _____

**APPLICATION FOR ZONING PERMIT
PORTABLE SIGN**

(Note: All signs within Saginaw Charter Township shall meet the requirements of Ordinance No. 657 of Saginaw Charter Township’s General Ordinances Chapter 48 (adopted January 26, 2004).

Separate Permit Applications Must Be Completed For Electrical Work.

I. APPLICANT AND PROJECT INFORMATION:			
Property Owner, Business License Holder, and/or Representative:			
Address:		City:	
State and Zip Code:		Telephone:	
Project Description and Location:			
II. IDENTIFICATION:			
A. Sign Owner and/or Contractor:			
Name:		Address:	
City:	State:	Zip Code:	
Telephone:	Fax Number:	Mobile/Cell Number:	
III. PORTABLE SIGN INFORMATION:			
Temporary Sign (45 days maximum per calendar year per tenant space)			
Date(s) to be used:			
Size of sign shall not exceed fifty (50) square feet. The maximum height above grade allowed is five (5’) feet.			
Location of sign on property: _____ <p align="center"><i>(Cannot be placed in proposed road right-of-way.)</i></p>			
*If you have any questions or need more information regarding off-premise signs, contact MDOT at 989-754-0784.			
<input type="checkbox"/> By signing this application, I certify that this temporary sign is advertising for the above business. OR <input type="checkbox"/> This sign is directly related to a charitable or service organization.			

IV. FEES

Permit Fee: \$20.00 Cash: _____ Check # _____

A sign permit is not valid if it is not paid for and issued.

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent, and we agree to conform to all applicable Zoning Ordinances of Saginaw Charter Township. All information submitted on this application is accurate to the best of my knowledge.

I hereby grant Saginaw Township personnel involved with the review of this application permission for reasonable entry onto the above property for investigations specifically related to this application.

SIGNATURE OF APPLICANT: _____

DATE: _____

V. THIS SECTION TO BE FILLED OUT BY THE COMMUNITY DEVELOPMENT OFFICE

	Residential	Agriculture	Commercial	Industrial	Approved	Disapproved
A. Zoning District						

Comments Regarding Zoning:

B. Set Backs For Proposed Sign:

Proposed Right Of Way _____ Front _____ Rear _____ Sides _____

ZONING OFFICER: _____

DATE: _____