



Saginaw Charter Township  
Community Development  
4980 Shattuck Road  
Saginaw, MI 48603  
989-791-99865  
Fax: 989-791-9859

**APPLICATION FOR SIGN BOARD OF APPEALS**

**(\$250.00)**

**PETITIONS must be on file two weeks before the meeting date.**

NAME OF PETITIONER \_\_\_\_\_

ADDRESS OF REQUEST \_\_\_\_\_

LEGAL DESCRIPTION \_\_\_\_\_

PETITIONER IS: OWNER \_\_\_\_ CONTRACTOR \_\_\_\_ ARCHITECT \_\_\_\_ ENGINEER \_\_\_\_

Address of Petitioner: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Owner (If Different than Petitioner): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Specific Code Section being appealed \_\_\_\_\_

Specific Ordinance interpretation/modification desired:  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Petitioner \_\_\_\_\_

Signature

Certification of Ownership

I, \_\_\_\_\_, certify that I own the property affected by the proposed appeal and approve the request.

Date \_\_\_\_\_ Owner \_\_\_\_\_

Signature

**This application must be filled out completely and returned to the Community Development Department no less than fourteen (14) days prior to a scheduled Sign Board of Appeals hearing.**

