

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

Permit Number: _____

Tax Roll Number: _____

Issue Date: _____

**APPLICATION FOR ZONING PERMIT
 PERMANENT 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 and General Ordinance #700 adopted Feb. 27, 2008.)
*****All non-conforming permanent signs shall be in compliance with the zoning ordinance by February 27, 2016.*****

I. PROJECT INFORMATION:				
Property Owner, Business License Holder, and/or Representative: _____				
Address: _____			E-mail: _____	
Location on Property: _____			Telephone: _____	
Project Description: _____			Fax: _____	
II. IDENTIFICATION:				
A. Sign Owner and/or Contractor:				
Name: _____		Address: _____		E-mail: _____
City: _____	State: _____	Zip Code: _____	Telephone: _____	Fax: _____
III. PERMANENT SIGN INFORMATION:				
1. Pole Sign <input type="checkbox"/>	2. Wall Sign <input type="checkbox"/>	3. Ground Mounted <input type="checkbox"/>	4. Marquee <input type="checkbox"/>	5. Replace Copy <input type="checkbox"/>
6. Outdoor Advertising Display <input type="checkbox"/>	7. Billboard <input type="checkbox"/>	8. Canopy <input type="checkbox"/>	9. Other <input type="checkbox"/>	
Size of Sign _____ X _____		Location of Sign on Building _____		
Square Footage: _____		Location of Sign on Property _____		
Height above Grade _____ Ft		Address Displayed on Sign* _____		
*The address numbers shall be eight-inches (8”) in height and two-feet (2’) above grade.				
<i>(Cannot be placed in proposed road right-of-way)</i>				
Estimated Cost of Construction: _____ Setbacks: Front: _____ Side: _____ Side: _____				
Will sign be illuminated: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, wiring is <input type="checkbox"/> Pre-existing <input type="checkbox"/> New Wiring				
Pre-existing wiring will be hooked up by a licensed/registered: <input type="checkbox"/> Sign Contractor <input type="checkbox"/> Electrical Contractor				
Construction plans, specifications, and a detailed site plan must be filed with this application.				
(All free-standing /ground mounted signs that are six-feet (6’) tall or more require a footing inspection.)				

IV. APPLICANT INFORMATION

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

Name:		Address:		
City:	State:	Zip Code:	Telephone:	

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:** _____

Note: Any Change in the information in this application, such as a change of address, shall be submitted to the department within seven (7) days after the change.

Separate Permit Applications Must Be Completed For Electrical Work

V. PERMIT FEES:

<p>Cost of Construction \$ _____</p> <p>*Permit fee is based on cost of construction</p> <p>**Total permit fee is a minimum of \$75.00.</p>	<p>*Permit Fee: \$ _____</p> <p>+ Base Permit Fee: \$ 75.00</p> <p>**Total Permit Fee: \$ _____</p>
--	---

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: _____
------------------------------	--------------------