

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
SPECIAL EVENT TEMPORARY 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. SPECIAL EVENT SIGN INFORMATION:			
Special Event Sign (15 days maximum per calendar year per tenant space) (Special events is defined as but not limited to grand openings, seasonal sales, liquidations, going out of business sales, fire sales, etc.)			
Date(s) to be used:			
Sign shall not exceed 50 square feet or 20 feet in diameter or 16 feet in height.			
Location of sign on property: _____ <i>(Cannot be placed in proposed road right-of-way.)</i>			
Advertising: On Premise _____ Off Premise _____			

IV. FEES

Permit Fee: \$25.00 Cash: _____ Check # _____

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: _____