

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

Permit No.: _____

Parcel ID: _____

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).)

I. PROJECT INFORMATION:				
Property Owner, Business License Holder, and/or Representative:				
Address:			E-mail:	
City, State, and Zip Code:			Phone:	
Project Description and Location:			Fax:	
			Mobile:	
II. IDENTIFICATION:				
A. Sign Owner and/or Contractor:				
Name:			Address:	
City	State	Zip	E-mail:	
Telephone:		Fax Number:		Mobile Number:
III. PORTABLE SIGN INFORMATION:				
Temporary Sign (45 days maximum per calendar year per tenant space)				
Date(s) to be used: _____ to _____ Total days _____				
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. APPLICANT INFORMATION Required if Information is Not Listed in Section I or II				
<i>APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:</i>				

<input type="checkbox"/> Use Section I information			<input type="checkbox"/> Use Section II Information		
Name:			Address:		
City	State	Zip	E-mail:		
Telephone:		Fax Number:		Mobile Number:	
V. AFFIDAVIT					
<p>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.</p>					
<p>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.</p>					
<p>SIGNATURE OF APPLICANT: _____ DATE: _____</p>					
VI. FEES					
<p>Permit Fee: \$25.00 Cash: _____ Check # _____</p> <p>A sign permit is not valid if it is not paid for and issued.</p>					
THIS SECTION TO BE FILLED OUT BY THE COMMUNITY DEVELOPMENT OFFICE					
A. Zoning District:		Residential <input type="checkbox"/> / Agriculture <input type="checkbox"/> / Commercial <input type="checkbox"/> / Industrial <input type="checkbox"/>		Approved <input type="checkbox"/> / Disapproved <input type="checkbox"/>	
Comments Regarding Zoning:					
B. Setbacks for Proposed Sign:					
Proposed Right of Way		Front	Rear	Sides	
ZONING OFFICER: _____				DATE: _____	