



City of St. Joseph
700 Broad Street, St. Joseph, MI 49085
(269) 983-1212
Fax: (269) 985-0347
SIGN PERMIT APPLICATION

PROPERTY I.D. # _____ PERMIT FEE \$ _____

VALUE OF SIGN: _____

THE FOLLOWING TO BE COMPLETED BY THE APPLICANT:

JOB ADDRESS: _____

SIGN OWNER'S NAME _____

ADDRESS _____

SIGN ERECTORS BOND# _____

***TYPE OF SIGN:**

BANNER _____ GROUND _____ WALL _____ ROOF _____ OTHER (SPECIFY) _____

***GROUND SIGN:**

SIZE OF SIGN FACE _____ X _____ = _____ SQ.FT.

HEIGHT OF SIGN FROM GRADE TO TOP OF SIGN _____

ATTACH DRAWING OF PLOT PLAN SHOWING LOCATION OF SIGN

WILL SIGN BE ON PROPERTY RENDERING THE ADVERTISED GOODS OR SERVICES? Y/N

NUMBER OF GROUND SIGNS NOW ON PROPERTY: _____

LOCATION OF NEW WALL SIGN ON BUILDING PROPERTY: _____

LENGTH OF BUILDING/STRUCTURE ON WHICH SIGN WILL BE ATTACHED: _____

METHOD OF ATTACHING NEW SIGN TO BUILDING OR PROPERTY: _____

***ROOF SIGN:**

ATTACH A DRAWING SHOWING SIZE, LOCATION, AND METHOD OF ATTACHMENT OF PROPOSED SIGN.

***OTHER SIGN:**

ATTACH A DRAWING SHOWING SIZE, LOCATION, AND METHOD OF ATTACHMENT OF PROPOSED SIGN.

***ALL ELECTRIC SIGNS MUST BE ELECTRIFIED AND SERVICED BY A COMPANY WITH A VALID MICHIGAN SIGN SPECIALIST CONTRACTOR'S LICENSE OR MICHIGAN MASTER ELECTRICAL LICENSE.**

SKETCH THE FOLLOWING INFORMATION BELOW:

1. OVERALL HEIGHT AND LENGTH OF THE SIGN
2. NATURE OF ADVERTISING COPY TO BE ON SIGN



ALL WORK MUST BE IN CONFORMITY WITH ALL APPLICABLE ORDINANCES

APPLICANT'S SIGNATURE _____ DATE _____

APPROVED BY: _____ DATE _____