



Application for Temporary Sign Permit
CITY OF THE VILLAGE OF DOUGLAS, MICHIGAN
Phone: 269-857-1438 Fax: 269-857-4751
www.ci.douglas.mi.us

APPLICANT INFORMATION

Applicant Name: _____ Business Name: _____
Applicant Address: _____ Business Address: _____
Phone: _____ Business Phone: _____
Email: _____ Fax: _____

SIGN INFORMATION

Permit Renewal New Request _____
Proposed Sign Area: _____ sq. ft. (double-faced/back-to-back use largest face to determine area)
Proposed Sign Height: _____ (Measure from grade to top of sign when in vertical position)

- Drawing attached showing proposed location of sign on property. All signs must be located entirely upon the property being advertised. Signs shall not be placed within the public right of way.
- Illustrated rendering or photograph of the proposed sign which includes the proposed dimensions, sign area, type of structural support, construction materials and any other defining features.

I _____ hereby state that all of the above statements and all of the
(applicant)
accompanying information are true and correct.

Signature of Owner/General Contractor

Date

Fee: N/A

Office Use Only

APPROVED: _____

By: _____ Date: _____

Zoning Administrator

DENIED: _____

By: _____ Date: _____

Zoning Administrator