Application- Sign Permit

City of Greenville - Building Department 411 South Lafayette Street Greenville, MI 48838



IMPORTANT - Applicant MUST complete all items in sections:

LOCATION OF BUILDING

At (Location):

No.

Street

II. TYPE AND COST OF SIGN – All Applicants Complete Parts A-D				
A. ZONE	D. PROPOSED TYPE OF SIGN			
1 🛛 Residential District (R-1, R-2, R-3, and MHP)	12 🗆 Business Center Sign			
2 🗆 Office-1 (0-1)	13 Freestanding Sign			
3 🗆 Commercial-1 (C-1)	14 🗆 Wall Sign			
4 🗆 Commerical-2 (C-2)	15 🗆 Directional Sign or Sidewalk Sign			
5 🗆 Commerical-3 (C-3)	16 🗆 Temporary Sign			
6 🗆 Industrial - IND	17 🗆 Ground Sign/Monument Sign			
7 🗆 Industrial Zoning District - INDZ	18 Will the sign be Illuminated?			
8	19 Will the sign have an electronic reader board**? Ves No			
9 🗆 Mixed Use Development (MUD)				
10 North Lafayette Zoning District (NLZD)	** An electronic reader board sign shall not exceed a maximum illumination of			
11 🗆 Planned Unit Development (PUD)	6,500 nits during daylight hours and a maximum illumination of 325 nits between			
D QUAIEDCHID	dusk to dawn as measured at the sign's face at maximum brightness.			
B. OWNERSHIP				
20 Private (individual, corporation, nonprofit				
institution, etc.)				
21 🗆 Public (Federal, State, or local government)				
C. COST				
	(OMIT CENTS)			
22 🗌 Cost of Sign	\$			
To be installed but not included in the above cost				
a. Electrical				
23 Total Cost of Sign				
	\$			
	φ			
III ITEMS NEEDED FOR APPROVAL				

III. ITEMS NEEDED FOR APPROVAL

E. PROVIDE ALL ITEMS BELOW

24 \square Example of proposed sign (photo or drawing). Include measurements of sign.

25 \square If a wall sign, a photo showing height/length/width of wall in which sign will be attached.

26 If a freestanding/business center/ground sign a map of proposed location with setbacks and right of way labeled on map.

Permit #

I.

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IV. IDENTIFICATION: To be completed by all applicants				
	Mailing Address – Number, Street, City, & State	Zip Code	Telephone No.	
1. Name of Owner or Leasee:				
2. Name of Contractor:				
3. Contractor License Number:				
4. Name of Architect or Engineer:				

I hereby certify that the proposed work is authorized by the owner of record and make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant:	Address:	Application Date:

DO NOT WRITE BELOW THIS

Approved By:

Signature of Zoning Administrator

Or Authorized Zoning Assistant when applicable

Approved By:

Signature of Authorized Zoning Assistant