

Request Number: _____

Filing Fee: \$25



301 East Main Street
Lowell, Michigan 49331
Phone (616) 897-8457
Fax (616) 897-4085

APPLICATION FOR TEMPORARY SIGN PERMIT

1. Street Address and/or Location of Request: _____
2. Parcel Identification Number (Tax I.D. No.): #41-20-_____
3. Applicant's Name: _____ Phone Number _____
Address: _____
Street City State Zip
Fax Number _____ Email Address _____
4. Are You: Property Owner Owner's Agent Contract Purchaser Option Holder
5. Applicant is being represented by: _____ Phone Number _____
Address: _____
6. Present Zoning of Parcel _____ Present Use of Parcel _____
7. Date sign is to be installed: _____ Date sign is to be removed: _____
8. Total area of proposed temporary sign: _____ sq ft

The facts presented above are true and correct to the best of my knowledge.

Signature: _____ Date: _____

Type or Print Your Name Here: _____

THE ABOVE APPLICANT IS RESPONSIBLE TO MAINTAIN A LOG OF THE LOCATION AND THE NUMBER OF DAYS THE SIGN IS IN USE EACH CALENDAR YEAR TO BE AVAILABLE FOR REVIEW IF REQUESTED.

Application Fee \$25.00	Date Paid _____	Zoning Official Signature _____
Permit(s) Required (if any):	Building _____	Electrical _____
Days Allowed _____		
Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments _____	