

12803 S. Wacousta Rd., Grand Ledge, MI. 48837 517-626-6593 517-626-6405 Fax www.watertowntownship.com

Application for Sign Permit

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Applicant Name Applicant Address City/State/Zip Office Phone Cell Phone Fax Email				- - - -			
Sign Location City/State/Zip Parcel # Zoning District	19- 150			- - 			
Please attach a draw	ing of the proposed sign						
Sign Description							
Sign Type							
☐ Wall ☐ Roof ☐ Ground ☐ Projecting ☐ Awning ☐ Freestanding ☐ Other							
Sign Area							
Square Footage	Height from Grade _	Length	Width				
Sign Location							
Approximate placement	t of the sign on the property_						
Distance from: Front property line Side property line Rear property line							
Staff use only:	Date Filed	Foo	Receipt #				

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Lighting			
Will the sign be lit? Yes Internal Illumination? Yes If yes, please describe External Illumination? Yes If yes, please describe	No No		
State of Michigan} } SS County of Clinton}			
specifications for the sign, and the prope knowledge and belief; and that if this req	erty description whuest is granted, in to make reaso	nich I have submi accordance with the nable inspections	involved in this application; and that the tted are true and correct to the best of my the Watertown Zoning Ordinance. I give my of the property. I understand that his Sign hs.
Applicant Signature			 Date
Notary Signature			Date
Subscribed and sworn to me this My Commission Expires	day of	20	
	Office Use	e Only	
Number of Signs	Size	Locatio	on
Front Setback	Side Setback _		Height from Grade
Site Inspected by		Date	
Zoning Administrators Signature		 Date	·