

**PLANS:** All applications for a sign permit shall be accompanied by plans drawn to scale and of sufficient clarity to indicate the nature and extent of the work proposed and shall show in detail that the work will conform to the provisions of all relevant codes, laws, ordinances, rules and regulations. Plans shall include a site plan drawn to scale. For pylon signs 15 feet or higher, or other installations as required by the Building Official, a minimum of two sets of such plans and specifications shall be required, bearing the signature and seal of a registered Michigan architect or engineer who shall assume responsibility for their design. One set is required for other installations.

**REQUIRED ATTACHMENTS:** The following items must be attached to this application in order for it to be processed:

- Photos:** Of building and all signs on property, with dimensions.
- Site Plan:** Scaled drawing including proposed sign dimensions, building frontage dimension, lot lines & dimensions, right-of-way, and setback of sign from front property line.
- Elevation:** Scaled drawing including upper height of the sign from grade, location of the sign on the building, and orientation of the sign.
- Sign Specifications:** Including materials and details of construction, and anchorage or method of attachment.
- Authorization:** Written authorization from the property owner, or the property owner's signature.

## I. Project Information

### A. Location (Required)

Project Address \_\_\_\_\_

Business Name \_\_\_\_\_

### B. Proposed Sign(s) (Required)

#### Proposed Sign 1

Height: \_\_\_\_\_

Width: \_\_\_\_\_

Total Sq. Ft: \_\_\_\_\_

Type of Sign: \_\_\_\_\_

 Electrically Energized, Illuminated, or  
 Electronic Message?  Yes  No

#### Proposed Sign 2

Height: \_\_\_\_\_

Width: \_\_\_\_\_

Total Sq. Ft: \_\_\_\_\_

Type of Sign: \_\_\_\_\_

 Electrically Energized, Illuminated, or  
 Electronic Message?  Yes  No

#### Proposed Sign 3

Height: \_\_\_\_\_

Width: \_\_\_\_\_

Total Sq. Ft: \_\_\_\_\_

Type of Sign: \_\_\_\_\_

 Electrically Energized, Illuminated, or Electronic  
 Message?  Yes  No

**If yes to the above, provide the following information on the Electrical Contractor or Sign Specialty Contractor who will be responsible for the work. A separate Electrical Permit will be required.**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Address \_\_\_\_\_

License Number \_\_\_\_\_

### C. Description of Work To Be Done

### D. Value of Improvements / Contract Cost (Required)

\$ \_\_\_\_\_

#### For Office Use Only

Sign-Offs Required	Approved By	Date	Notes
<input type="checkbox"/> Planning	_____	_____	_____
<input type="checkbox"/> Building	_____	_____	_____
<input type="checkbox"/> Engineering	_____	_____	_____
<input type="checkbox"/> Hist. Pres.	_____	_____	_____
Work to be Done _____			
Use Group Code <u>U</u>	Census Code <u>URN</u>		
Sign Permit Number _____	Approved By _____		
Sign Permit Issued _____	<input type="checkbox"/> Permanent Sign Base _____ <input type="checkbox"/> Add'l Signs _____		
BBLD Number _____	<input type="checkbox"/> Electronic Message Center _____ <input type="checkbox"/> Temporary Sign _____		
Notes _____	<input type="checkbox"/> PRD _____ <input type="checkbox"/> w/ PRD application _____ <input type="checkbox"/> Existing _____		
Add'l Use _____	Constr. Type _____	Occ. Load _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card

**II. Identification**

**A. Sign Vendor/Contractor** (If Sign Vendor/Contractor is Responsible Person, Check Here )

Name & Title			Company Name	
Street Address			Telephone Number	Fax Number
City	State	Zip	Mobile Number	E-mail Address
Builders License Number	Expiration Date	Additional Contact Person		
Fed. Employer ID Number or Reason for Exemption (Residential Only)			Workers Comp. Ins. Carrier or Reason for Exemption (Residential Only)	
MESC Employer Number or Reason for Exemption (Residential Only)				

**B. Architect or Engineer** (If Architect or Engineer is Responsible Person, Check Here )

Name & Title			Company Name	
Street Address			Telephone Number	Fax Number
City	State	Zip	Mobile Number	E-mail Address
License Number	Expiration Date	Additional Contact Person		

**C. Business Owner/Manager**

Name	Telephone Number	Fax Number
------	------------------	------------

**D. Property Owner** (If Property Owner is Responsible Person, Check Here )

Name & Title			Company Name	
Street Address			Telephone Number	Fax Number
City	State	Zip	Mobile Number	E-mail Address
Property Owner Signature			Date	

**E. Other Responsible Person** (*Signature Required*, Contact Information Required if Responsible Person Not Indicated by Check Box Above)

Name & Title of Contractor, Owner, or Authorized Agent of Owner			Company Name	
Street Address			Telephone Number	Fax Number
City	State	Zip	Mobile Number	E-mail Address

**IMPORTANT: "Section 23a of the State Construction Code Act of 1972, 1972 PA 230, MCL 125.1523a, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or residential structure. Violators of Section 23a are subjected to civil files."**

"I/We (the undersigned) am the Responsible Person(s) for this Sign Permit. I/We agree to erect the sign(s) in accordance with the plans and specifications approved by the City of Grand Rapids for the Sign Permit. I/We further accept responsibility for any failure to do so, including compliance with any orders and payment of inspection fees and/or applicable fines and penalties authorized in City ordinances."

Responsible Person Name (Please Print)	Date of Birth	Responsible Person Signature	Date
--	---------------	------------------------------	------

**WARNING: ANY OMISSION OR MISREPRESENTATION OF FACT ON THIS DOCUMENT MAY RESULT IN THE REVOCATION OF THE SIGN PERMIT AND/OR LEGAL ACTION BEING TAKEN**

Signature  
Required

Signature  
Required