



City of Boyne City

Planning and Zoning Department
319 N. Lake Street
Boyne City, MI 49712
Phone: (231) 582-6597 Fax: (231) 582-6506

Sign Permit Application

Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (day) _____ Fax: _____

E-mail _____

Sign Location

Name of Business: _____

Street Address: _____

Phone Number: (day) _____ Fax: _____

E-mail: _____

Tax ID Number: _____

Zoning District: _____

Signage Information

___ Commercial Permanent

___ Community Event Temporary Banner

___ Commercial Temporary Banner

___ Sandwich Board in Central Business District

(maximum sign face: 6 sf and maximum height: 3 sf)

Width: _____ Length: _____ Height: _____

Construction Materials: _____

Type of Support: _____

Illuminated: ___ YES ___ NO Type: _____ Internal _____ External _____ Intensity _____

(downward lit)

(in lumens)

Attach a design of the proposed sign(s) including a location drawing with setback distances from property lines and all structures on the lot.

TEMPORARY SIGN/BANNER: Note dates and location the temporary sign will be displayed

From: _____ To: _____

Location (to be approved by City staff): _____

Applicant Signature

Date

Zoning Administrator Signature

Date

Permit Number: _____ Permit Fee: _____ Receipt Number: _____