



Sign Permit Application

Wilson Township

Planning and Zoning Department
319 N. Lake Street
Boyne City, MI 49712-1188

➡ **Applicant Name:** _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (s): _____ E-mail: _____

➡ **Sign Location:** Street Address: _____

Tax ID Number: _____

Zoning District: _____ **Building Frontage: (ft)** _____

Type of proposed signage: _____ Temporary _____ Permanent

Wall Sign _____ Pole Sign _____ Ground Sign _____ Canopy Sign _____

TEMPORARY SIGN DISPLAY DATES: FROM _____ **TO:** _____

Illuminated: YES NO

Proposed Sign will measure (ft): _____

Total Sign Area: _____ square feet

This application must include a scale drawing showing:

- Design and layout of proposed sign
- Location of the sign in relation to existing structures/buildings, property lines, existing on-site signage

Applicant (Printed Name)

Signature *Date*

Zoning Administrator (Printed Name)

Signature *Date*

Approved: Yes No

Receipt Number: _____