

City of Harbor Springs

160 Zoll Street * Post Office Box 678
Harbor Springs, Michigan 49740-0678
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www.cityofharborsprings.com

Sign Permit Application

Date Received: _____ Fee Paid: _____ Zoning District _____

Applicant _____ Owner _____ Agent _____

Name _____

Applicant Address _____

Phone _____ Fax _____ E-mail _____

Building Address _____

Building Use _____

Type of Sign (check all that apply)

_____ Free Standing _____ Projecting _____ Window _____ Wall
_____ Awning _____ Residential _____ Subdivision _____ Construction Project
_____ Internally Lighted

Other (describe) _____ New _____ Replacement _____

Sign(s) Dimensions _____ X _____ = _____ Sq. Ft.
_____ X _____ = _____ Sq. Ft.

For internally lighted signs only, indicate distance (in feet) from front wall/window of building: _____

Does Sign extend over Right-of Way? _____ Height above Right-of-Way _____

Illumination (describe in detail) _____

Building or Store Width at Street (in commercial districts) _____ ft.

Describe other Signs and their Dimensions on Building _____

Attach a Scale Drawing of the Proposed Sign or Awning

OFFICE USE ONLY

Date: _____
Received by _____
Denied by _____
Approved by _____