

SIGN APPLICATION

Little Traverse Township
8288 Pleasantview Road
Harbor Springs, MI 49740

_____ Date Received

Phone: (231) 526-0351 Fax: (231) 526-0352

_____ Case #

Applicant's Name: _____ Phone: _____

Applicant's Address: _____

Property Owner (if other than applicant) _____ Phone _____

SIGN LOCATION (submit sketch/picture showing Sign location and design)

Nearest Intersection: _____

Tax Parcel # 24-08-16- _____

Property Address: _____

Zoning District: _____

<u>Fee</u>	<u>Date Paid</u>
\$10	_____
Please make check payable to Little Traverse Township	

SIGN INFORMATION (Include sketch or picture of sign)

Construction Materials: _____

Lighting Format, if any: _____

SIZE: Area: _____ sq. ft. Height: _____ Length: _____ 2 sided: YES or NO

SETBACK from property lines: Front: _____ Side: R _____ L _____

Type of Lettering: _____ Shape or symbols? _____

Designer: _____ Contractor: _____

In consideration of the granting of a permit for the erection of the above sign, I (we) agree to comply with all applicable ordinances of the Township of Little Traverse and that the Township shall not be liable for any damages resulting therefrom. I certify that all the above information is accurate to my fullest knowledge.

X _____
Signature of Applicant Date

BOX BELOW FOR OFFICE USE ONLY

RECORD OF TOWNSHIP ACTION

DATE APPROVED: _____ **DATE DENIED** _____

COMMENTS: _____

Authorized by: _____ **Date:** _____