



KEWEENAW COUNTY SIGN PERMIT APPLICATION

5095 Fourth Street • Eagle River, MI 49950 • (906) 337-3471 Fax (906) 337-2795

FEE \$25.00

Date	Parcel ID Number
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ALL INFORMATION IS REQUIRED

Property Owner(s) Name			Applicant(s) Name		
Mailing Address			Mailing Address		
City	State	Zip Code	City	State	Zip Code
Day Phone	Evening Phone		Day Phone	Evening Phone	

THIS APPLICATION MUST BE SIGNED BY THE PROPERTY OWNER(S) OR THE OWNER(S) MAY PROVIDE A LETTER AUTHORIZING THE APPLICANT TO ACT ON THEIR BEHALF.

Business Name		
Property Address where sign will be installed	Current Zoning of Property	Total Acreage Or Lot Size
Location of Property: side of Road.	Between and Roads.	

<u>Type of Work</u>	<u>Type of Sign</u>	<u>Sign Material</u>	<u>Illuminated</u>
<input type="checkbox"/> Erect <input type="checkbox"/> Remodel <input type="checkbox"/> Remove <input type="checkbox"/> Relocate <input type="checkbox"/> Pre-existing	<input type="checkbox"/> Freestanding <input type="checkbox"/> Projecting <input type="checkbox"/> Portable <input type="checkbox"/> Awning <input type="checkbox"/> Banner <input type="checkbox"/> Wall <input type="checkbox"/> Temporary Proposed Set back of sign from Right of Way : _____	Face Frame Supports	<input type="checkbox"/> Yes <input type="checkbox"/> No

**A SIGN DRAWING MUST ACCOMPANY THIS APPLICATION
SIGN(S) MUST COMPLY WITH ARTICLE 16 OF THE KEWEENAW COUNTY ZONING ORDINANCE**

<u>Measurements from Sign to Building</u>	<u>Size of Sign</u>	<u>Size of Wall – Sign Location</u> <small>(Not Applicable for Freestanding Sign)</small>
Inner Edge Outer Edge Bottom to Grade	Length Width Depth Area	Length Width Area

A SURVEY OR SCALE DRAWING SHOWING ALL PARCEL DIMENSIONS, ADJACENT ROADS, EXISTING BUILDINGS, PROPOSED WORK AND STRUCTURES AND SETBACKS MUST ACCOMPANY THIS APPLICATION

I certify the information on and accompanying this application to be complete, true and correct under penalty of perjury by the laws of the State of Michigan. I also hereby grant permission for members of the Planning Commission and county staff to enter the above described property for the purpose of gathering information related to this application.

Authorized Signature(s) & Date (Letter of authorization required if other than property owner):	
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DO NOT WRITE BELOW THIS LINE – KEWEENAW COUNTY USE ONLY

Date Received	Application Fee	Receipt Number	
<input type="checkbox"/> APPROVED		<input type="checkbox"/> DENIED	
Zoning Administrator Signature & Date		(Reason)	

APPROVED SIGN PERMIT IS VALID FOR ONE (1) YEAR