



# KEWEENAW COUNTY SIGN PERMIT APPLICATION

5095 Fourth Street • Eagle River, MI 49950 • (906) 337-3471 Fax (906) 337-2253

FEE \$25.00

Date	Parcel ID Number
------	------------------

**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> <input type="checkbox"/> Erect <input type="checkbox"/> Remodel <input type="checkbox"/> Remove <input type="checkbox"/> Relocate <input type="checkbox"/> Pre-existing	<u>Type of Sign</u> <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  <b>Proposed Set back of sign from Right of Way :</b> _____	<u>Sign Material</u> Face _____ Frame _____ Supports _____	<u>Illuminated</u> <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> Inner Edge _____ Outer Edge _____ Bottom to Grade _____	<u>Size of Sign</u> Length _____ Width _____ Depth _____ Area _____	<u>Size of Wall – Sign Location</u> <small>(Not Applicable for Freestanding Sign)</small> 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):	
---	--

**DO NOT WRITE BELOW THIS LINE – KEWEENAW COUNTY USE ONLY**

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

**APPROVED SIGN PERMIT IS VALID FOR ONE (1) YEAR**