



City of Houghton
 616 Sheldon Ave., Houghton, Michigan 49931
 Phone: 906-482-1700 • Fax: 906-482-0282
 www.cityofhoughton.com



Sign Permit

**NOTE: This Application must be completed and submitted to the City of Houghton Offices*

Property Owner

Name:		Address:	
Phone:	Fax:	Name of Contact Person:	Contact Phone:
E-mail Address:			

Applicant Information (if different than owner)

Name:		Address:	
Phone/Email			
Has a Building Permit Been Obtained for This Project? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	Property / Parcel I.D. Number(s): <i>(found on tax bill)</i> 052- - -		Zoning District:

Contractor/ Installer Information

Name:		Address:	
Phone:	Fax:	Name of Contact Person:	Contact Phone:
E-mail Address:			

Permission

If Applicant is not the Property Owner, does the Applicant have the Owner's permission? Yes No

Work Being Done

Modification to Existing Sign New Sign Other *(if 'other' please explain)*

	Sign Description	Type*	Sq. Ft. of Sign face	Height off Ground	Lighting (Y/N)
#1					
#2					
#3					

* Sign Types: Wall, Ground, Projecting, Hanging, Pylon

* IF MORE THAN 3 SIGNS PLEASE ATTACH A SEPARATE SHEET

Construction Materials and drawings *attach pages*

Backing: _____
Letters: _____
Will the sign be lit or require electricity (county electrical permit may be required): _____
Will the sign installation require alterations to the building: _____
Please describe: _____
How will the sign be secured to the building: _____

Site Information

Length of road frontage in front of property: _____

Area of building facade or occupied space: _____

Distance from edge of road to front of building: _____

If a projecting sign is proposed, what distance does it project from the face of the building (in feet): _____

Applicant:

I certify that the information I have provided is true to the best of my knowledge.

Date: _____

Signature of Applicant: _____

Applicant's Name (print): _____

Property Owner:

I certify that the information I have provided is true to the best of my knowledge.

Date: _____

Signature of Owner: _____

Owner's Name (print): _____

OFFICIAL USE ONLY

Official Receiving Application (*please print*): _____

Date: _____

Application: Approved Not Approved

Reason: Incomplete Application Other

Date: _____

Signature of Zoning Administrator: _____

Date: _____