

Sign Application/Permit

City of Houghton
616 Sheldon Ave., Houghton, Michigan 49931
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www.cityofhoughton.com



APPLICANT SHOULD REFER TO ZONING ORDINANCE SEC. 98-500, ARTICLE 5
FOR REGULATIONS PERTAINING TO SIGNS

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? ☐ Yes ☐ No ☐ 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? (Signature required) ☐ 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**				

* Example: Wall, Ground, Projecting, Hanging, Pylon

** If more than 3 signs attach 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): _____

For signs not mounted to buildings, include a drawing or site plan showing the proposed location of the sign on the property. The drawing should clearly indicate where the sign will be placed in relation to the property lines, buildings, streets, sidewalks, and other relevant features.

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): _____

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

OFFICIAL USE ONLY

Official Receiving Application: _____

Date: _____

Comments:

Application: ☐ **Approved** ☐ **Not Approved**

Reason: ☐ Incomplete Application ☐ Other

Signature of Zoning Administrator:_____

Date: _____