Charter Township of Garfield

Grand Traverse County

3848 VETERANS DRIVE
TRAVERSE CITY, MICHIGAN 49684
PH: (231) 941-1620 • FAX: (231) 941-1588

SIGN PERMIT APPLICATION

Incomplete applications will be returned to applicant

1. Property Owner

_____
Owner:

_____
Address:

_____
City, State, Zip Code

_____
Phone Numbers

Applicant information

_____
Applicant:

_____
Address:

_____
City, State, Zip Code

_____
Phone Numbers

2. Property Information:

a. Property Address:_____

b. Business Name: _____

c. Lot #_____ Subdivision Name:_____

d. Parcel ID# 28-05- _____

e. Current Zoning: _____

f. Current Use: _____

g. Road Frontage: _____

h. Development Approval (PUD etc):_____

i. List any signs currently located on the parcel: _____

----------Application continued on the other side----------

3. **Sign Type:**

Free Standing_____ Single Face_____ Double Face_____ Wall Sign_____

Temporary Sign _____ Development Sign_____ Electronic LED_____
(see #6 below)

Home Occupation: _____Billboard:_____ Other (please explain): _____

_____

4. **Sign Material:** _____

5. **Sign Illumination:**

Internal _____ External _____ None_____

6. **Sign Measurements:**

Overall Height _____ Area (SF) _____

Support Type _____ Existing Sign Support / Frame size_____

* Required: detailed sketch of the parcel with dimensions, proposed signage and its location on the parcel (setbacks & relation to buildings).

7. **ELECTRONIC SIGN (LED etc.):**

Please be advised that the property owner must sign this statement of acknowledgment should the application be for an electronic sign.

The undersigned affirms that he/she or they is (are) the owner of the business and have reviewed the electronic changeable sign limitations of the Garfield Township Zoning Ordinance, and understand the prohibitions of scrolling text, streaming graphics, videos, once per hour change rate and all regulations associated with electronic signs.

_____ _____
Owner signature Date

Affidavit:

The undersigned affirms that he/she or they is (are) the owner, or authorized agent of the owner, and that the answers and statements herein contained and the information submitted are in all respects true and correct.

_____ _____
Owner signature Date

_____ _____
Applicants signature Date