

Village of Fowlerville

213 South Grand Avenue
Fowlerville, MI 48836
Phone (517) 223-3771 Fax (517) 223-7435
Police (517) 223-8711
website www.fowlerville.org



Permit # _____

APPLICATION FOR SIGN PERMIT

To be completed by applicant:

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT PHONE #: _____

NAME OF PROPERTY OWNER: _____

PROPERTY ADDRESS: _____ PROPERTY TAX ID# _____

PROPERTY OWNER PHONE #: _____

EXISTING SIGNS (List Types, Sizes and Locations): _____

To be completed by Village Official:

EXISTING ZONING: _____ VARIANCE REQUIRED: YES _____ NO _____

PERMANENT SIGN: _____ TEMPORARY SIGN: _____ Duration of posting: _____

TYPE of SIGN REQUESTING:

- | | |
|--|---|
| <input type="checkbox"/> WALL | <input type="checkbox"/> POLITICAL SIGN |
| <input type="checkbox"/> FREESTANDING | <input type="checkbox"/> SANDWICH BOARD |
| <input type="checkbox"/> GROUND | <input type="checkbox"/> RESIDENTIAL SUBDIVISION SIGN |
| <input type="checkbox"/> WALL SIGN NON-RESIDENTIAL USE | <input type="checkbox"/> WALL SIGN FOR HOME BUSINESS |
| <input type="checkbox"/> PROJECTING, AWNING, MARQUIS | |

Drawings of all proposed signs, with sizes and locations listed, and a sketch site plan including all dimensions of the property **must** accompany this application form, along with the required fee.

I, the undersigned, acknowledge that additional costs may be incurred in the review of my application as a result of professional services by the Village Planner, Engineer, Attorney or others related to the review of my application. By signing this agreement, I hereby agree to pay any and all additional costs incurred by the Village and/or its consultants as they pertain to the review of my application. **PROCEED TO LIVINGSTON COUNTY BUILDING DEPARTMENT for additional permits.**

APPLICANT'S SIGNATURE: _____ Date _____

PROPERTY OWNER'S SIGNATURE: _____ Date _____

ZONING ADMINSTRATOR APPROVAL: _____ Date _____

OFFICE USE ONLY:

Date application filed: _____ Date fee paid: _____ (\$75.00 – Permanent; \$20.00 – Temporary; \$10.00 – Alter Existing; \$75.00 – Home Occupation) Approved or Denied (please circle)
Reason, if denied: _____