



CITY OF ALBION—APPLICATION FOR SIGN PERMIT
 City of Albion Planning Department (517) 629-5535
 South Central Michigan Construction Code Inspections (888) 249-7077

Albion Zoning Ordinance, Section 30-23. Zoning Permit: “No land shall be used or occupied and no structure shall be designed, erected, altered or used hereafter until a zoning permit shall have been issued by the zoning inspector . . . A zoning permit issued by the zoning inspector shall be required prior to the issuance of any building permit.”

Application Instructions: Complete **all sections** of this form. Type or use black ink. No application will be considered or processed by the planning department until a complete application and all required documents are received.

Required Documents:

- Plot plan, written plans and/or scaled drawings as required by Section 4.
- Proof of payment for Permit Application Fees.

Remember to contact the **South Central Michigan Construction Code Inspections** office at **(888) 249-7077** to see what Building Permits may be necessary for your sign.

<i>FOR OFFICE USE ONLY</i>
Permit #: 20 -
Stamp here for "Date Received"
Received by

<i>Deposit to Account. #101-400-483.00</i>
Stamp here for "Paid"
Amount:

Stamp here for "Approved/Deny"
Date

1. Sign Site/Property Information:

Street Address: <i>Use Complete Street Address, e.g. 101 North Main Street</i>	Parcel Number
Use Classification: <input type="checkbox"/> Residential (Zoning Fee \$15.00) <input type="checkbox"/> Multiple Family (Zoning Fee \$50.00) <input type="checkbox"/> Commercial (Zoning Fee \$50.00) <input type="checkbox"/> Industrial (Zoning Fee \$50.00) <i>In the case of residential properties, a licensed contractor may apply for this permit without the signature of the property owner. In all other cases, Section 6B must be completed, typically with the property owner's signature.</i>	

2. Property Owner Information:

Name: <i>Include Contact Person If Applicable</i>	Phone
Street Address:	City, State Zip Code:

3. Contractor/Applicant Information:

Name: <i>Include Contact Person If Applicable</i>	Phone
Street Address:	City, State Zip Code:
Federal Employer ID Number/Social Security Number	Workers Compensation Insurance Carrier

4. Plan Review Requirements

Drawings. *Attach additional pages to provide drawings of the proposed project.*

4A. Zoning Plan Submission Requirements

A Plot Plan or Site Plan and Scaled Drawings showing proposed sign location; height, dimensions, materials, and text are required in all cases. Dimensions should be provided for the sign and in relation to nearby buildings, structures, property lines and streets.

4B. Building Plan Submission Requirements

Professionally prepared construction documents are required in **all cases** except the following:

- New Construction, alterations and/or repair work determined by the Inspector to be of a minor nature.
- Repair/Replace type projects where no structural changes are being made.

5. Project Information:

Estimated Start Date:	Estimated Finish Date:	Project Cost/Bid Price:
Application Request: <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replace <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation		
Structural Frame: <i>Check all that apply.</i> <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Other		Will this sign include the installation of new electrical circuits or fixtures? <input type="checkbox"/> Yes <input type="checkbox"/> No

Will this sign be illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No Internal Lighting? <input type="checkbox"/> Yes <input type="checkbox"/> No External Lighting? <input type="checkbox"/> Yes <input type="checkbox"/> No

Existing Signs (That Will Remain)	Quantity	Location	Type	Dimensions

New Signs	Quantity	Location	Type	Dimensions

Storefront Length _____	Street Frontage At _____ (Name of Street/s)
-------------------------	--

5. Project Information Continued:

Use this space to describe the proposed project (Attach additional pages if necessary):

6. Declarations and Certification

When your project is ready for inspection, you must contact the Planning Department to schedule an inspection.

Section 23a of the State Construction Codes Act of 1972, 1972 PA 230, MCL 125.1523a prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subjected to civil fines.

6A. Applicant Signature

*As the **applicant**, I hereby certify that I have been authorized by the owner to make this application, and I agree to conform to all applicable laws. I certify that the information contained in this application and in the plans submitted to the City of Albion are true and complete and contain a correct description of the proposed work. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.*

Signature of Applicant:	Phone	Date
Street Address: <i>Use Complete Street Address, e.g. 101 North Main Street</i>		City, State, Zip Code

6B. Owner Signature

Check here if copy of contract or other written authorization attached.

MCL 125.1510(2) requires that the owner sign this application or that a contract, power of attorney, or letter of authorization signed by the owner be submitted in lieu of the owner's signature.

*I hereby certify that I am the **owner** of record of the named property and that I have authorized the proposed work. I certify that the information contained in this application and in the plans submitted to the City of Albion are true and complete and contain a correct description of the proposed work. I further agree to conform to all applicable laws. If a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.*

Signature of Applicant:	Phone	Date
Street Address: <i>Use Complete Street Address, e.g. 101 North Main Street</i>		City, State, Zip Code

7. Evaluation and Determination

SOUTH CENTRAL MICHIGAN CONSTRUCTION CODE INSPECTIONS

Electrical Permit	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Commercial Building Permit	<input type="checkbox"/> YES	<input type="checkbox"/> NO

ZONING PERMIT

Site Plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Variance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Non-conformity	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Special Use	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PLANNING DEPARTMENT APPROVAL/DENY

<i>Signature</i>	<i>Date</i>
<i>Notes</i>	<i>Stamp</i>