

City of Coldwater
Planning / Zoning / Grants • One Grand Street • Coldwater, MI 49036
☎ (517) 279-6964 ✉ neighborhood_services@coldwater.org

Sign Permit Application of
-Complete one application for each sign-

Date: _____
Name of Person/Company to Occupy Site: _____
Address of Site: _____

Applicant Information

Property Owner or Tenant? _____ Date of Birth: _____
Name _____
Mailing Address _____
Phone Number _____ Fax Number _____

Installer Information

Name _____
Mailing Address _____
Phone Number _____ Fax Number _____

Existing Signage? Yes No Existing signage to remain on site? Yes No

If yes, please include a list of each sign to remain on site, along with its location and square footage.

Project Cost (materials and labor): _____

Proposed Freestanding Signage

Sign Face Square Footage: _____ Total Sign Height: _____
Front Yard Setback: _____ Side Yard Setback: _____
Lighting Yes No If yes, Internal or External: _____

OR

Proposed Wall Signage

Sign Face Square Footage: _____ Building Height: _____ Building Width: _____
Lighting Yes No If yes, Internal or External: _____

In addition to this application, the following items must be submitted. Incomplete applications will not be processed and will be returned to the applicant with the permit fee being forfeited.

- **Rendering of proposed signage showing dimensions**
- **Site plan showing location of freestanding sign on site, OR rendering showing location of wall sign on building**
- **Permit fee \$25/each sign**

By signing below, the applicant acknowledges that they understand the parameters and requirements of this application, and certify that all information submitted in this application is accurate and complete. The applicant agrees to comply with all City Ordinance and State Laws; and if applicable, has obtained all necessary approval and/or permission from the property owner. Please be advised that the permit will be mailed to the applicant, unless otherwise noted.

Signature of Applicant _____ Date _____

Sign Permit Application Review

Date of Application: _____

Name of Person/Company to Occupy Site: _____

Address of Site: _____

Application submitted complete? _____

If no, course of action? _____

If yes:

ZONING OF SITE _____ PMT RECEIVED BY PLANNING? _____

NOTES _____

APPROVED _____, 20__

DENIED _____, 20__

Zoning Administrator Signature Date

Building Official Signature Date