



TEMPORARY SIGN PERMIT APPLICATION

Date: _____ Address of Sign Location: _____ **Center Line, MI 48015**

OWNER INFORMATION – (All Information is Mandatory)

Name: _____ Driver's License: _____
(As it appears on Driver's License) (State Issued)

Address: _____ City: _____ State: _____ Zip: _____
(Street Address Only, No PO Box)

Work Phone: _____ Cell Phone: _____ FAX: _____

Email: _____ Date of Birth: _____

APPLICANT INFORMATION - (Responsible Party) (All Information is Mandatory)

Name: _____ Driver's License: _____
(As it appears on Driver's License) (State Issued)

Address: _____ City: _____ State: _____ Zip: _____
(Street Address Only, No PO Box)

Work Phone: _____ Cell Phone: _____ FAX: _____

Email: _____ Date of Birth: _____

SIGN DESCRIPTION & DETAILS – Draw a sketch of the sign, including the message on the sign and dimensions.

NOTE: TEMPORARY SIGN PERMITS ARE LIMITED TO ONE (1) PERMIT EVERY SIX (6) MONTHS & ARE ONLY VALID FOR FOURTEEN (14) CONSECUTIVE DAYS.

ALL FIELDS MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Maximum size for temporary signs is thirty-two (32) sq. ft. per side, or sixty-four (64) sq. ft. total.

OFFICE USE ONLY

PERMIT FEE: \$25.00 PAID

APPROVED DENIED

BY: _____

DATE: _____

SIGN DETAILS:

Length: _____ x Width: _____ = Total Sq. Ft.: _____

Sign Type: **PORTABLE BANNER WALL LAWN OTHER:** _____

Number of Sides: _____ Illuminated (Flashing lights not allowed): YES NO

Materials: Face: _____ Frame: _____

Signature of Applicant _____

Date _____