



CITY OF EAST JORDAN, MI
SIGN APPLICATION & PERMIT
201 Main Street, PO BOX 499, East Jordan, MI 49727
www.eastjordancity.org, 231-536-3381

Date of Application: _____

1. Business Name: _____
2. Property Owner's Name: _____
3. Mailing Address of business owner: _____

EMAIL ADDRESS: _____

4. Telephone No.: _____
5. Address of Property to be Signed: _____
6. Legal Description or Tax Number of Property: _____

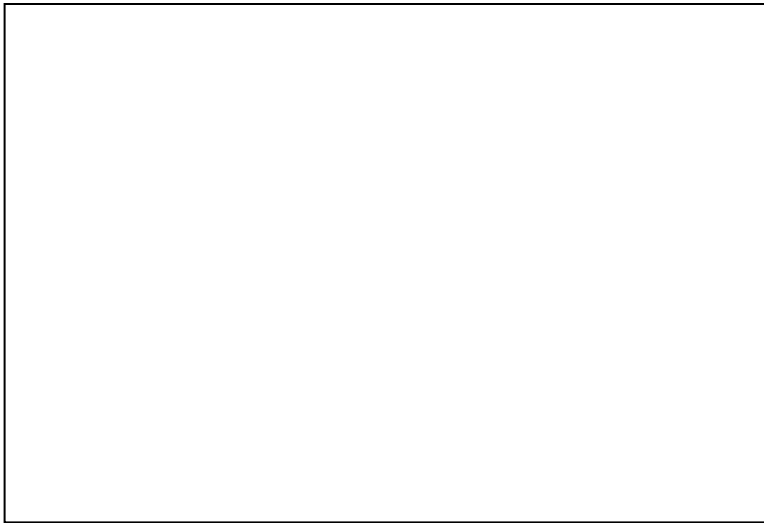
7. Zoning District where Property is Located: _____
8. Existing Signs on the Premises: _____

If yes, please supply the following:

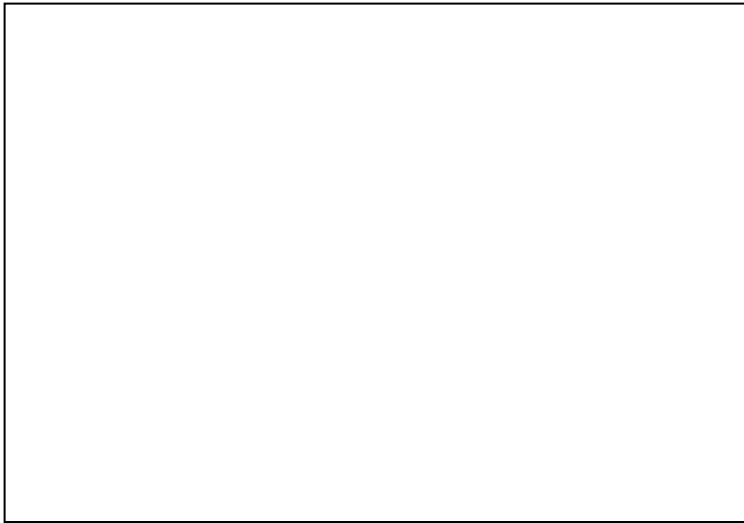
- A. Number of Signs: _____ B. Total Square Footage: _____
9. Existing Signs to be removed? _____
10. Type of Sign to be placed: (circle one)

Free Standing Wall Marquee or Canopy Window Temporary

11. A. Linear footage of building front: _____
B. Total square feet of sign(s) to be placed: _____
12. Sketch proposed new sign in the area provided on the back of this form. Provide dimensions of new sign and the wording that will appear on the sign.
13. Have you reviewed the Sign Regulations Ordinance, to determine if Application is in conformance with Zoning Code? ___yes ___no



Sign



Location of sign on Property

Signature of Applicant

ADMINISTRATIVE USE ONLY

Fee Required: _____ Date Paid: _____ Received By: _____

DISPOSITION OF PERMIT

Approved: _____ Denied: _____ Copy of Permit Given to Applicant _____ Yes _____ No

Zoning/Assistant Zoning Administrator

Date Approved