

Village of Fowlerville

213 S. Grand Avenue
Fowlerville, Michigan 48836
Phone (517) 223-3771 Fax (517) 223-7435
www.fowlerville.org



Permit # _____

APPLICATION FOR SIGN PERMIT

To be completed by applicant:

APPLICANT NAME: _____
APPLICANT ADDRESS: _____
APPLICANT PHONE #: _____
PROPERTY OWNER NAME: _____
PROPERTY ADDRESS: _____
PROPERTY TAX ID #: _____ PROPERTY OWNER PHONE #: _____

EXISTING SIGNS (List Types, Sizes and Locations):

To be completed by the Village Official:

EXISTING ZONING: _____	VARIANCE REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
PERMANENT SIGN: _____	TEMPORARY SIGN: _____	DURATION OF POSTING: _____
TYPE OF SIGN REQUESTING:		
<input type="checkbox"/> WALL	<input type="checkbox"/> POLLITICAL 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 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 SIGNATURE: _____ DATE: _____

PROPERTY OWNER SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY	
ZONING ADMINISTRATOR APPROVAL: _____	DATE: _____
Date application filed: _____	Date fee paid: _____
(\$75.00 Permanent; \$20.00 Temporary, \$10.00 Alter Existing, \$75.00 Home Occupation)	
Approved or Denied	Reason, if denied: _____