

ALMONT TOWNSHIP

819 N. Main Street

Almont, Michigan 48003

Phone 810-798-8521/Fax 810-798-7097

www.almonttownship.org

APPLICATION FOR SIGN REVIEW

All applications for sign review shall be accompanied by a sign drawing and site plan illustrating the location of the sign on the site. The following information shall be provided: 1. A scaled plan showing the location of the sign on all structures located within 100 feet of the sign, both on and off site. 2. The location of the sign in relation to all existing and proposed streets, parking areas and site entrances within 100 feet. 3. A scaled drawing of the proposed sign, specifying the height of the sign above the ground, the surface area and material of the sign, the lettering as it will appear on the sign, method of illumination, and any other information as the Zoning Administrator and/or Building Administrator deems necessary to the understanding of the application.

Date Received: _____ Application No. _____

Business/Development Name: _____ Address: _____

(Street number & Street name) (City) (State) (Zip)

Phone Number: _____ Fax: _____

Site/Job Address _____

Site Owner/Lessee _____

SIGN INFORMATION

TYPE	STYLE	LIGHTING
<input type="checkbox"/> New	<input type="checkbox"/> Wall	<input type="checkbox"/> None
<input type="checkbox"/> Resurface Existing	<input type="checkbox"/> Pole/Freestanding	<input type="checkbox"/> Indirect
<input type="checkbox"/> Temporary	<input type="checkbox"/> Ground/Monument	<input type="checkbox"/> Internal - LED

Colors: _____ / _____
Background Letters

Dimensions: _____ / _____ / _____
Sign Area Height Letter Size

Setback from Road Centerline: _____ PURSUANT TO ZONING ORDINANCE

Applicant's Signature: _____ / _____ (date)

Legal Owner's Signature: _____ / _____ (date)

OFFICE USE ONLY

Approved By: _____ / _____ (date) Almont