



Sign Permit Application

All applicable information **must** be provided.

City of Jackson Ordinance Chapter 21.5

City of Jackson
161 W. Michigan Avenue
Jackson, MI 49201
(517) 788-4012
www.cityofjackson.org

Authority: 1972 PA 230

I. Project Information

Job Location Address		Name of Business	
Cross Streets _____ and _____			
Dept Use Only: Zoning? Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Initials ____ Letter Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Dept Use Only: Variance Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Initials ____ Letter Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Dept Use Only: HDC? Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Initials ____ Letter Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Dept Use Only: Rev License (See Section III.C. below)	<input type="checkbox"/> Yes <input type="checkbox"/> No Initials ____

II. Person or Contractor Erecting The Sign

Name		Address	
City	State	ZIP Code	Telephone Number (include area code)
E-mail Address			Cell Phone Number (include area code)

III. Sign Information

A. Type of Sign - Permits required - check all that apply

1. <input type="checkbox"/> Awning/Canopy/Marquee	7. <input type="checkbox"/> Banner-Annual Fee	13. <input type="checkbox"/> Business Group Sign (attach sign site plan)	19. <input type="checkbox"/> Non-exempt Business Related Temporary Sales
2. <input type="checkbox"/> Business Flag	8. <input type="checkbox"/> Construction	14. <input type="checkbox"/> Double-Faced	20. <input type="checkbox"/> Electronic Message Center
3. <input type="checkbox"/> Façade	9. <input type="checkbox"/> Flashing	15. <input type="checkbox"/> Freestanding	21. <input type="checkbox"/> Grand Opening
4. <input type="checkbox"/> Home Occupation	10. <input type="checkbox"/> Illuminated	16. <input type="checkbox"/> Mural	22. <input type="checkbox"/> Non-Profit Event
5. <input type="checkbox"/> Off-premises (attach replacement permit)	11. <input type="checkbox"/> Projecting	17. <input type="checkbox"/> Rolling Marquee	23. <input type="checkbox"/> Sidewalk – Annual Fee
6. <input type="checkbox"/> Special Event Signage	12. <input type="checkbox"/> Subdivision Sign	18. <input type="checkbox"/> Wall	24. <input type="checkbox"/> Temporary Sign – Annual Fee
25. <input type="checkbox"/> Other _____ Please specify _____			

If sign is **Electronic Message Center**, provide detail of the timing rotation of text: _____

B. Exempt Signs – Exempt from permits - requires zoning approval

1. <input type="checkbox"/> Bus Shelter	2. <input type="checkbox"/> Business Related Temporary Sales	3. <input type="checkbox"/> Directional/Information	4. <input type="checkbox"/> For Sale/Garage Sale
5. <input type="checkbox"/> Government	6. <input type="checkbox"/> Identifying	7. <input type="checkbox"/> Incidental	8. <input type="checkbox"/> Nameplates
9. <input type="checkbox"/> Non-profit Signage	10. <input type="checkbox"/> Political	11. <input type="checkbox"/> Real Estate	

C. Location(s)/Size(s) – if multiple signs, please attach the following information for every sign

Location of Sign on Building or Property (Provide detailed drawing and photos of sign(s) and location on attached graph paper)	
Is sign in or over Public Right-of-Way? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit an application for a Revocable License with this application.	
Zoning District:	_____
Zoning Setbacks:	Front: _____ Side: _____ Back: _____
Size:	Height: _____ Width: _____ Depth: _____

D. Building and/or Electrical Permits may be required. These permits will not be issued until this sign permit is approved.

IV. Description/Scope of Project

Please provide further detail. (A Sign Site Plan Review Application must be submitted if this sign is part of a business group.)

V. Fee Chart – enter the applicable number of items, multiply by the unit price for total fee for each item.

Cost of Sign: _____

Item	Total
\$15.00 Application Fee (non-refundable)	\$15.00
\$10.00 for the first \$1,000 of the cost of the sign	\$10.00
\$5.00 for each additional \$1,000 of the cost of the sign	
\$ 110.00 Investigation Fee (beginning work without permit)	
TOTAL	

Please make checks payable to "City of Jackson"

VI. A. Applicant Owner Agent Contractor

Applicant is responsible for the payment of all fees and charges associated with this application.

Name of Company		Address	
Applicant Name		City	State Zip Code
Telephone Number (include area code)		E-mail Address	

B. Applicant Certification

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent, and we agree to conform to all applicable ordinances and laws of the City of Jackson and the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

Signature of Applicant _____ *Date* _____

Provide a copy of general liability insurance. If Applicant is not the owner, provide written authorization from owner to submit this application.

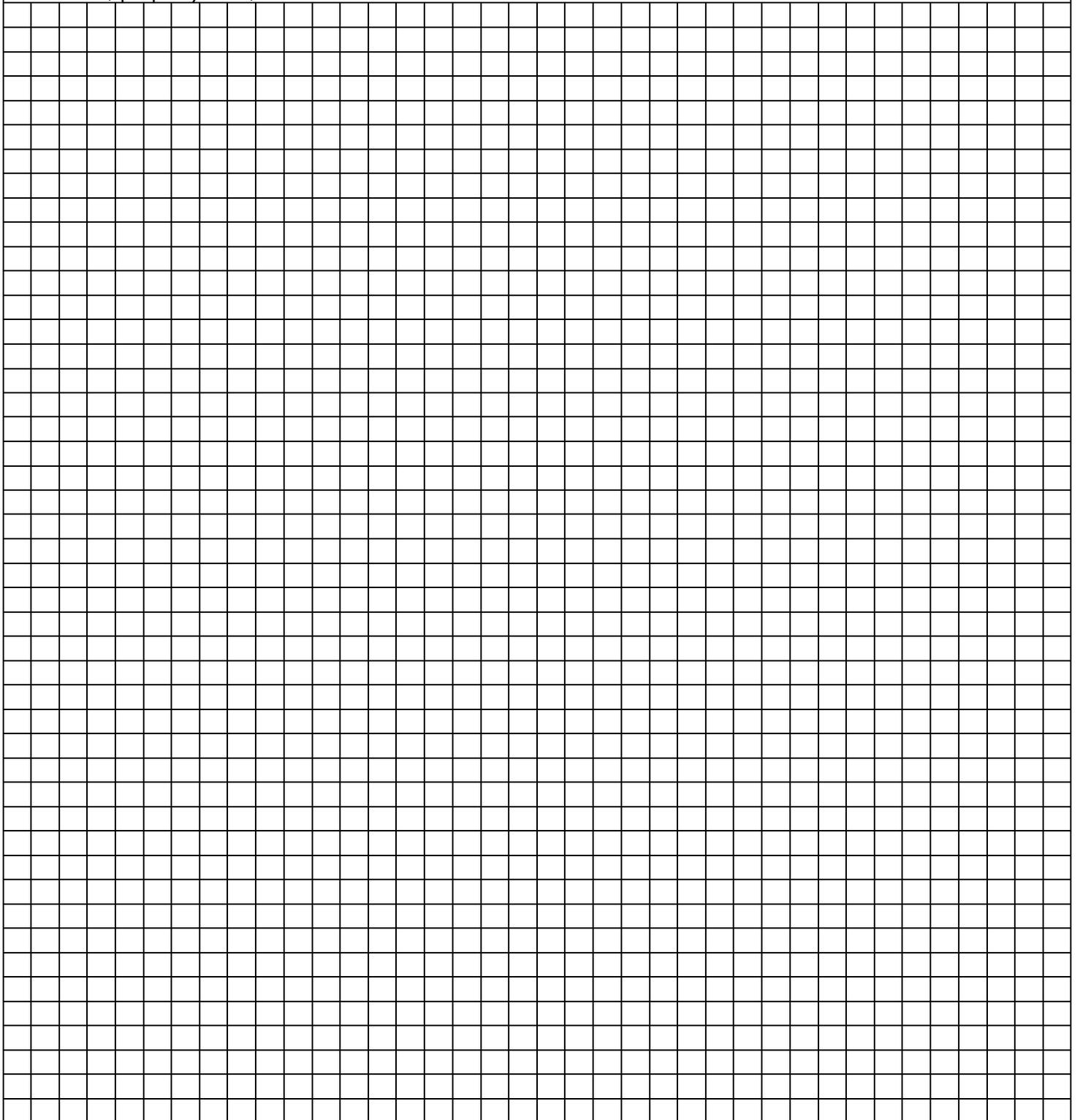
* * * * *

Staff Approval _____ **Date** _____

The City of Jackson will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities act, you may make your needs known to this agency.

VII. For Applicant Use

This must include the following: The location of the building, structure, or lot to or on which the sign is to be attached or erected; and the location, size, and position of the proposed sign in relation to nearby buildings, structures, property lines, and streets.



Indicate direction of North within the circle:

