



City of Rochester Hills
Building Department
 1000 Rochester Hills Dr.
 Rochester Hills, MI 48309
 (248) 656-4615 Phone
 (248) 656-4623 Facsimile
 (248) 656-4619 24-Hour Inspection Line

SIGN PERMIT APPLICATION

Project Number: _____

Permit Number: _____

| |
|--------------------------------------|
| I. Job Location |
| Street Address |
| Sidwell Number |
| Residential / Commercial Center Name |
| Phone Number of Owner |

| | | | |
|-------------------------------------|--|---------------------------|--------------------------|
| II. Applicant Information | | | |
| <input type="checkbox"/> Contractor | Name | Contractor License Number | |
| <input type="checkbox"/> Owner | Address (Street Number and Name) | | City Registration Number |
| City | State | Zip Code | |
| Telephone Number () | Cell Number () | Fax Number () | |
| Email Address | Federal Employer ID Number (or reason for exemption) | | |

| | | | |
|---|---|---|--|
| III. Type of Proposed Sign | | | |
| <input type="checkbox"/> On-Premise | <input type="checkbox"/> Wall Sign | Square Footage of all Existing Signs: _____ | |
| <input type="checkbox"/> Off-Premise | <input type="checkbox"/> Monument Sign | Square Footage of Proposed Sign: _____ | |
| <input type="checkbox"/> New Sign | <input type="checkbox"/> Temporary Sign | Height Above Grade (to top of sign-ground signs only): _____ | |
| <input type="checkbox"/> Panel Change | <input type="checkbox"/> Renewal | Square Footage of Façade (wall signs only): _____ | |
| <input type="checkbox"/> Banners / Flags | <input type="checkbox"/> Development Sign | Is Sign To Be Lighted? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Subdivision Marker | Name of Electrical Contractor: _____ | |
| <input type="checkbox"/> Gas Station Canopy | <input type="checkbox"/> Model Sign | Note: If sign is to be lighted, a separate electrical permit is required to be issued prior to Sign Permit Issuance. | |

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|--|------|
| IV. Applicant Signature | |
| 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 authorized agent and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge. | |
| Signature of Applicant | Date |
| Print Name | |

| | |
|--|--|
| FOR OFFICE USE ONLY | |
| Ordinance Review | Building Plan Review |
| Use _____ Façade: Width _____ Height _____ | <input type="checkbox"/> Certificate of Occupancy <input type="checkbox"/> Letter Sent |
| Setback _____ Corner Clearance _____ | <input type="checkbox"/> Building Permit <input type="checkbox"/> Not Applicable |
| Total Sign Allocation _____ | Footing Inspection Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SBA File # _____ Date _____ | Stipulations: _____ |
| Stipulations: _____ | _____ |
| _____ | _____ |
| Approved by: _____ Date: _____ | Approved by: _____ Date: _____ |