



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



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

Project Number: _____

Permit Number: _____

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"/> Four (4) Events	Is Sign To Be Lighted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Development Sign	Name of Electrical Contractor: _____	
<input type="checkbox"/> Gas Station Canopy		Note: If sign is to be lighted, a separate electrical permit is required to be issued prior to Sign Permit Issuance.	

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: _____