

**CITY OF CHEBOYGAN, MICHIGAN  
SIGN PERMIT APPLICATION**

**OFFICE USE ONLY:**

\_\_\_\_\_  
(applicant)

Permit/Application No: \_\_\_\_\_

\_\_\_\_\_  
(address)

Date Received: \_\_\_\_\_

\_\_\_\_\_  
(city, state, zip code)

Fee\* Received: \_\_\_\_\_

(\*fee - \$25.00 – subject to change)

\_\_\_\_\_  
home telephone      business telephone      fax number

*If you are not the property owner are you leasing/renting the property? \_\_yes (please check is applicable)*

**PROPERTY OWNER(S) NAME AND ADDRESS (if not the applicant)**

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(telephone)

**APPLICANT'S CAPACITY IF NOT PROPERTY OWNER (circle one):**

Contractor \_\_\_      Agent/Other: \_\_\_\_\_

**ADDRESS OF PROPERTY:** \_\_\_\_\_

*(Please obtain an address from the City Assessor, if none assigned.)*

**PARCEL SIZE:** \_\_\_\_\_

**PROPERTY DESCRIPTION:** \_\_\_\_\_

**PARCEL DATA PROCESS (tax) NUMBER:** 16- \_\_\_\_\_

**ZONING DISTRICT OF PROPERTY:** \_\_\_\_\_

**SIGN TYPE:** \_\_\_ Ground \_\_\_ Pole \_\_\_ Wall \_\_\_ Projecting \_\_\_ Two-Sided \_\_\_ Banner\* \_\_\_ Other  
*(Banners are 30-day issuance only pursuant to Section 152.22 of the City's Sign Ordinance)*

**TOTAL SQUARE FOOTAGE OF SIGNAGE ALLOWED BY ORDINANCE:** \_\_\_\_\_

**TOTAL SQUARE FOOTAGE OF PROPOSED SIGNAGE:** \_\_\_\_\_

**TOTAL SQUARE FOOTAGE OF SIGNAGE PRESENTLY ON PROPERTY:** \_\_\_\_\_

\_\_\_ ATTACHED PLANS, DRAWINGS, SPECIFICATIONS FOR THE PROPOSED SIGNAGE

*(please follow example attached)*

**AFFIDAVIT:** I agree the statements made above are true, and if found not to be true, any zoning permit that may be issued may be void. Further I agree to comply with the conditions and regulations provided with any permit that may be issued. Further, I agree the permit that may be issued is with the understanding all applicable sections of the City of Cheboygan Sign Ordinance will be complied with. Further, I agree to give permission for officials of the City of Cheboygan to enter the property subject to this permit application for purposes of inspection.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

When completed return to:

Zoning Administrator

City of Cheboygan

403 N. Huron Street, PO Box 39

Cheboygan, MI 49721

**APPROVED:** \_\_\_\_\_

**Signature – Zoning Administrator**

**DATE:** \_\_\_\_\_

Approval expires one year from date of issuance

*(For questions, please contact the City of Cheboygan at 231-627-9931)*