

# SIGN PERMIT APPLICATION

## Area Metropolitan Services Agency

Please make your check payable to and send it to, the appropriate jurisdiction noted.

### Please mark box for appropriate jurisdiction.

**Bedford Township**  
115 S Uldriks Drive  
Battle Creek, MI 49017  
ph: 269-965-9096  
fx. 269-965-0908

**City of Battle Creek**  
10 N Division St, Ste 111  
Battle Creek, MI 49014  
ph. 269-966-3382  
fx. 269-966-3654

**Pennfield Township**  
20260 Capital Ave NE  
Battle Creek, MI 49017  
ph. 269-968-4422  
fx. 269-968-2021

**City of Springfield**  
601 Avenue A  
Springfield, MI 49015  
ph. 269-965-3880  
fx. 269-965-0114

**Newton Township**  
7988 G Drive South  
Ceresco, MI 49033  
ph. 269-979-3212  
fx. 269-979-4470

**Administrative Section:**

Cash  
 Check # \_\_\_\_\_ Receipt # \_\_\_\_\_ Inspector Approval \_\_\_\_\_ Issued Permit # \_\_\_\_\_  
 Zoning Administrator Approval \_\_\_\_\_ Date \_\_\_\_\_

**I. JOB LOCATION**

NAME OF BUSINESS AND BUSINESS OWNER \_\_\_\_\_ HAS AN ELECTRICAL PERMIT BEEN OBTAINED FOR THIS PROJECT?  
 YES  NO  N/A  
 STREET ADDRESS & JOB LOCATION (STREET NO. & NAME) \_\_\_\_\_ ZONING CLASSIFICATION \_\_\_\_\_  
 JOB SITE TELEPHONE \_\_\_\_\_ CELL NUMBER \_\_\_\_\_ FAX \_\_\_\_\_  
 NUMBER OF EXISTING SIGNS \_\_\_\_\_ TOTAL SQUARE FOOTAGE OF EXISTING SIGNS \_\_\_\_\_

**II. SIGN CONTRACTOR (if applicable)**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**III. ELECTRICAL CONTRACTOR (if applicable)**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**IV. LOCATION OF SIGN**

- On Premise Sign  
 Off Premise Sign  
*In Battle Creek, call the Planning Department at 966-3320 before submitting an application for an off premise sign.*

**V. COST OF SIGNS**

Portable/Temporary Sign		Permanent Sign	
Administration Fee	\$25	Administration Fee	\$50
Zoning Approval	\$15	Zoning Approval	\$25
Inspection Fee	\$25	Inspection Fee (1 <sup>st</sup> \$1,000 of Cost)	\$50
Plan Review (if applicable)	\$25	Each Addl \$1,000	\$20
		Plan Review (if applicable)	\$25
<b>Total Fee Paid:</b>		<b>Total Fee Paid:</b>	

**VI. SIGN INFORMATION**

QUANTITY	TYPE OF SIGN (FASCIA, ROOF, POLE, ETC)	TYPE OF MATERIAL	LENGTH		WIDTH		NUMBER OF SIDES	TOTAL DISPLAY AREA	HEIGHT ABOVE STREET	
			FT	IN	FT	IN			FT	IN

APPLICATIONS MUST INCLUDE CONSTRUCTION DRAWINGS AND SITE PLAN

**VII. COMMENTS/DESCRIPTION**

DRAWING SPACE PROVIDED ON BACK SIDE

