

CHARTER TOWNSHIP OF COMSTOCK

Street Address 5858 King Highway

Mailing Address: PO Box 449

Comstock, MI 49041-0449

Phone: (269) 381-2360 Fax: (269) 381-4328



SIGN PERMIT APPLICATION

PROPERTY ADDRESS: _____

Project Name: _____

Present Use of Property: _____

Applicant Name: _____

Address: _____

City/St/Zip: _____

Phone: _____

Fax: _____

E-mail Address: _____

Property Owner: _____

Address: _____

City/St/Zip: _____

E-mail Address: _____

Phone: _____

Parcel/Tax ID Number: 3907-_____-_____-_____

Zoning District: _____

REQUIRED INFORMATION FOR PERMANENT FREESTANDING SIGNS

- A scaled site plan showing placement of existing and proposed sign(s). Include location, height, setbacks from right-of-way and from nearest side property line.
- A scaled drawing/picture showing new sign structure and sign face(s) including all dimensions and total sign height.
- Any and all other pertinent information.

Please check below all that apply to the sign for which this permit is sought:

Type: ___ Pylon ___ Ground ___ Replacement face only

Purpose: ___ Multi-Tenant ID ___ Building ID ___ Subdivision ID

Freestanding Sign Details

Sign Area: _____ **Height above grade** _____

Frame/Structure Area: _____

Internal Illumination (y/n): _____ **External Illumination¹ (y/n):** _____

¹ provide fixture details

TOWNSHIP USE ONLY:

LOCATION/STREET ADDRESS: _____

ZONING COMPLIANCE PERMIT: _____

REQUIRED INFORMATION FOR PERMANENT WALL SIGNS

- A scaled elevation drawing showing placement of existing and proposed sign(s) including wall dimensions, window dimensions (for window signs) and sign height on wall.
- A scaled drawing/picture showing new sign/sign face(s) including all dimensions.
- Any and all other pertinent information.

<u>Wall Sign Details</u>	
Purpose: _____	Building ID _____ Tenant ID _____
Sign Face Area: _____	Height above grade¹: _____
Linear feet of wall²: _____	Window area (for window signs) _____
Internal illumination (y/n): _____	External illumination³ (y/n): _____

¹ the vertical distance measured from the highest point of the sign to the finished grade beneath the sign.
² to which sign will be attached. For individual tenants, indicate width of tenant space.
³ provide fixture details.

A separate Building and/or Electrical Permit may be required. Contact the Kalamazoo Area Building Authority at (269) 216-9511.

I (we) the undersigned certify that the information contained on this application form and the attachments hereto are to the best of my (our) knowledge true and accurate.

Signatures: Property Owner Signature: _____ Date: _____
 Applicant Signature: _____ Date: _____

APPROVED _____	APPROVED W/CONDITIONS _____	DENIED _____
CONDITIONS: _____		

ZONING ADMINISTRATOR: _____		
DATE: _____		

<u>Fee Schedule</u>	
<u>Sign Type</u>	<u>Fee</u>
Permanent Freestanding Sign	\$100 per application
Permanent Wall Sign	\$75 per application
Replacement Face existing sign	\$50 per application

<u>Payment Received</u>
Cash (____) Charge (____)
Check No.: _____
Amount Paid: \$ _____
Date: _____