

Village of Central Lake
1622 N. M-88
P.O. Box 368
Central Lake, MI 49622

Phone: (231) 544-6483

Fax: (231) 544-2218

SIGN PERMIT APPLICATION

Office Use Only:

Date Received: _____

Date of Inspection: _____

Fee Received: _____

Check Number: _____

Approved: _____ Permit #: _____

Denied: _____ Section: _____

Property Owner: _____

Mailing Address: _____

Telephone (Home): _____ (Business): _____

Proposed Sign Site Address (if different than above): _____

Type of Sign Permit Requested: _____Awning/Canopy _____Bracket _____Cluster

_____Ground-Mounted _____Monument _____Portable _____Wall

_____Other: _____

Zoning District of Parcel: _____

Parcel Tax Number: _____

A drawing must accompany this application showing a sketch of your proposed sign along with the sign dimensions.

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. I agree the permit that may be issued is with the understanding all applicable sections of the Village of Central Lake Zoning Ordinance will be complied with. Further, I hereby certify that the property owner authorized the proposed work, and that I have been empowered by the owner to make this application (not a permit) and that a land use permit, if issued, conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Signed: _____

Date: _____

Permit Fee is \$25.00

When completed, sent to:

Scott Barrett, Zoning Administrator

Village of Central Lake

P.O. Box 368

Central Lake, MI 49622

(231) 544-2911