

**SIGN PERMIT APPLICATION
VILLAGE OF PORT SANILAC**

ALL FEES ARE FOR PROCESSING THE APPLICATION AND ARE NON-REFUNDABLE
FEE PAID _____ (YES OR NO) AMOUNT PAID \$ _____ RECEIPT ATTACHED _____

Property Zoned: RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____
COMMERCIAL BUSINESS DISTRICT _____

Property Owners Name: _____
(Last) (First) (Middle)

Mailing Address: _____
(Number and street)

(City, State and Zip Code)

Telephone: Home _____ Cell _____

Email address: _____

Contractors Name: _____

Address: _____

Address, City, State, Zip Code

Telephone: _____ Email: _____

Location of Site (address) _____

Property Code (parcel) Number: _____

Reason Permit Requested _____

Size of Project: Length _____ Width _____ Height _____

Size of Property/Parcel: _____

Survey Property Markers have been identified: Yes _____ No _____

Note: If no markers are identified, a survey must be conducted for new permanent or additional projects.

Intended Use of Project: _____

Attach to each copy of this Application a detailed sketch identifying the land and structures involved, dimensions of buildings and distances to property lines. List all public and private rights of way and easements bounding and intersecting the land under construction.

Any changes to this land use permit must be approved by the Zoning Administrator.

I agree to conform with the Village of Port Sanilac Zoning Ordinances and all provisions therein. I understand this Land Use Permit shall expire one year from the approved date if no building has taken place and a new Land Use Permit Application must be applied for.

(Signature of Property Owner)

Printed Name of Property Owner: _____

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 regulation is provided with any permit that may be issued. Further, I agree the permit that may be issued is with the understanding that all applicable sections of the Village of Port Sanilac Zoning Ordinances will be complied with. Further, I agree to notify the Zoning Administrator of the Village of Port Sanilac for inspection before the state of construction and when locations of proposed uses are marked on the ground. Further, I agree to give permission for officials of the Village of Port Sanilac, Sanilac County and the State of Michigan to enter the property subject to this permit application for purposes of inspection. Finally, I understand this is a Sign Permit Application (not a permit) and that a Sign 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: _____

(Signature of Property Owner)

Printed Name of Property Owner: _____

THIS SECTION TO BE COMPLETED BY ZONING ADMINISTRATOR:

Date Plan Submitted: _____ Date Plot Plan Submitted _____

Date Plans Certified: _____ Use is Conforming: _____ Non-Conforming: _____

Date Zoning Admin. & Property Owner Reviewed Zoning Ordinance Section 7.7.2 _____

Zoning Administrator Remarks: _____

PLANNING COMMISSION APPROVAL/DENIAL OF APPLICATION:

The Port Sanilac Planning Commission met on _____ and

Approved _____ Denied: _____ this Sign Application as presented.

Signed by Zoning Administrator: _____ Date: _____