



SIGN APPLICATION

115 South Main Street · P.O. Box 389 · Webberville, MI 48892 · Ph: 517-521-3984 · Fax: 517-521-3165

Business Information:

Business Name: _____

Business Address: _____

Business Phone: _____

Business Fax: _____

Applicant Information:

Name: _____

Address: _____

Phone: _____

Fax: _____

Location of Proposed Sign (provide diagram on attached lot diagram form)

Dimensions of Proposed Sign (provide scaled drawing of sign-face and profile)

Indicate the hours of operation of the business, including days of the week

A non-refundable fee of \$40.00, payable to the Village of Webberville, is due with the submission of an application, along with attachments indicating the proposed location of the sign.

By signing below, the applicant indicate that the information provided is accurate, acknowledges that he/she has read the text of the ordinance provided with this application and that the sign placement will remain in compliance with the conditions of an approved permit and the requirements of the Village of Webberville Zoning Ordinance. The applicant explicitly accepts all responsibility and liability for any injury or damage that may be caused by the sign.

Applicant's Signature

Date

Office Use Only:

Filing Date: _____

Fee Paid: _____

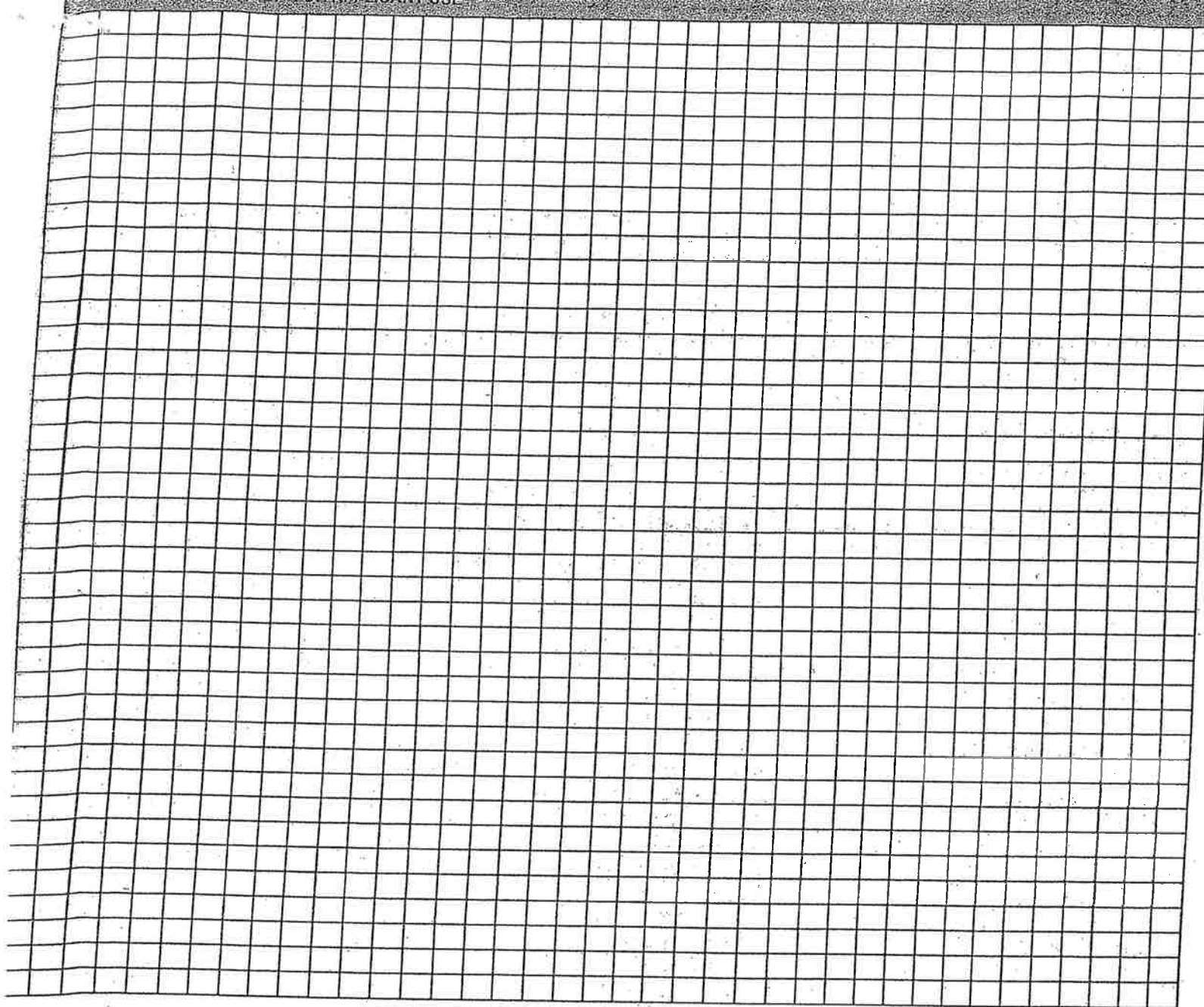
Approved: _____

Denied: _____

Effective Date: _____

Signature: _____

Title: _____



The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc, under the Americans with Disabilities Act, you may make your needs known to this agency.

OFFICE USE ONLY

