

SIGN PERMIT Commercial

AGS Building Dept
8721 Gull Rd. Suite B
Richland, MI 49083
(269) 629-0600
(800) 627-2801
Fax (269) 629-0601

Date: _____

Jurisdiction of: _____

Permit # _____

Job Location: _____ Property Tax I.D. #: _____

Zoning District: _____ Permit Determinant: _____

Use Group: _____ Type of Improvement: _____

Type Construction: _____ Owner: _____ () _____ phone

No. of Floors: _____ Bldg. Height: _____ Address: _____

NONRESIDENTIAL - Describe in detail proposed use of building, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

REQUIRED DOCUMENTS

ADDITIONAL PERMITS REQUIRED

- | | | |
|---|---|---|
| <input type="checkbox"/> Site Plan Approval | <input type="checkbox"/> Curb or Sidewalk Cut | <input type="checkbox"/> Erosion Control |
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Electrical | <input type="checkbox"/> Storm Sewer Connection |
| <input type="checkbox"/> Variance Approval if Applicable | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Sanitary Sewer Tap |
| <input type="checkbox"/> 2 Sets of Sealed Drawings & Specs. | <input type="checkbox"/> Plumbing | PLAN PREVIEW \$ _____ |
| <input type="checkbox"/> P.A. 135 Disclosure | <input type="checkbox"/> Sign or Billboard | COST OF PERMIT \$ _____ |
| <input type="checkbox"/> Plan Review and Permit Fee | <input type="checkbox"/> Demolition | TOTAL COST \$ _____ |
| | | Building Dept. By _____ |

Engineer/Architect: _____ Phone () _____

Address: _____

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:

Name		Phone ()	
Address		City	State Zip
Federal ID No./Social Security no.		MESC Employer No.	
License No.	Expiration Date	Worker's Disability Compensation Carrier	

If exempt from any of the above, explain here:

Section 23A of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines.

AGENT'S AFFIDAVIT

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

Signed: _____ Date: _____

LOT DIAGRAM

Owner: _____

Project Address: _____

Property Tax #: _____

- | | |
|-------------------------------|---|
| 1) Draw lot lines in feet | 5) Show dimensions of all buildings |
| 2) Label street | 6) Show distance from all sides of buildings to all lot lines |
| 3) Draw existing structures | 7) Draw lakes, streams, and wet lands within 500 feet |
| 4) Draw proposed construction | 8) Contractor/owner will stake 2 adjacent lot lines |

Signature of Applicant/Agent: _____ Date: _____

SIGN INSTALLATION

PERMIT APPLICATION CHECKLIST (Return with Application)

Permit application for: (job address): _____

Owner's Name: _____

Contractor's Name: _____

Before a zoning approval may be granted, all of the following documentation must be submitted with an application to place the sign. By providing all information, you can assure that the application can be reviewed as efficiently as possible.

- _____ 1. **COMMERCIAL PERMIT APPLICATION.**
- _____ 2. **LOT DIAGRAM or PLOT PLAN** on page two of the application form. The drawing must include all items listed on the form, and must show where the sign is to be placed on the owners property, and its relationship to buildings and lot lines.
- _____ 3. **THREE (3) SETS OF SEALED DRAWING & SPECIFICATIONS.** Drawings must include height of the sign and foundation plans. For exterior wall signs, include a drawing that dimensions the entire face of the wall. If there will be multiple signs, and or existing signs, please indicate complete information for all signs that will be located on the property.
- _____ 4. **TYPE:** Indicate type of sign to be placed (i.e. free standing pylon, monument, wall, temporary, etc.)
- _____ 5. **PROOF OF OWNERSHIP** (deed, land contract, tax statement, etc.)
- _____ 6. **PROPERTY TAX ID NUMBER FOR PROPERTY INVOLVED.**
- _____ 7. **ELECTRICAL PERMIT:** A separate electrical permit is required for illuminated signs.

Your application will be reviewed when all information has been received, and a permit issued when compliance with applicable ordinance requirements has been verified. Placement of the signage should not proceed until you have first received the zoning approval permit. Approval is required prior to placement of any sign or sign component.

BUILDING DEPARTMENT (Associated Government Services, Inc.) OFFICE HOURS are 8:00 am to 12:00 and 1:30pm to 4:30pm, Monday through Friday. The HOME OFFICE may be contacted by PHONE at 269-629-0600 or 1-800-627-2801 (an answering system operates 24 hours a day to obtain information, forms, and inspections); by MAIL at 8721 Gull Road, Suite B, Richland, MI, 49083; or by FAX at 269-629-0601.

Signed: _____ Date: _____

Blue prints and drawings must contain sufficient detail to perform a plan review for conformance with the State Building Code. Include wall section/cross-section drawing showing material dimensions and specification from footing to rafters, as well as floor plan indicating all room dimensions, window, door, and stair openings. All structures containing pre-manufactured members (roof trusses, floor trusses, laminated beams, etc.) require sealed diagram from the manufacturer; forward to our office at time of delivery.

(1) ZONING APPROVALS, IF OTHER THAN ASSOCIATED GOVERNMENT SERVICES:
 Fawn River Township – Gary Bland, (269) 651-3363

COUNTY	SANITATION PERMIT (7) (Septic & Well)	DRIVEWAY PERMIT (8)	SOIL EROSION PERMIT (9)
CALHOUN	Environmental Health 190 E. Michigan Suite A 100 Battle Creek, MI 49014 Phone: (269) 966-1241	Road Commission 13300 – 15 Mile Road Marshall, MI 49068 Phone: (269) 781-9841	Road Commission 13300 – 15Mile Road Marshall, MI 49068 Phone: (269) 781-9841
KALAMAZOO	Human Services Department Environmental Health 3299 Gull Road Kalamazoo, MI 49048 Phone: (269) 373-5210	Road Commission 3801 E. Kilgore Road Kalamazoo, MI 49001 Phone: (269) 381-3171	Drain Commission Room 107 201 W. Kalamazoo Ave. Phone: (269) 384-8117
ST. JOSEPH	Community Health Agency Environmental Health 1110 Hill Street Three Rivers, MI 49093 Phone: (269) 273-2161	Road Commission 20914 M-86 Centreville, MI 49032 Phone (269) 467-6393	Conservation District 693 East Main Street Centreville, MI 49032 Phone: (269) 467-6336
VAN BUREN	District Health Department 57418 CR681, Suite A Hartford, MI 49057 Phone: (269) 621-3143	Road Commission 325 W. James Street P.O. Box 156 Lawrence, MI 49064 Phone: (269) 674-8011	Soil Erosion and Sedimentation Control 219 East Paw Paw Street Paw Paw, MI 49079 Phone: (269) 657-8200
(8)	Michigan Department of Transportation (MDOT) (269) 337-3926 (Driveways on Michigan or U.S. Highways)		
(9)	Michigan Department of Environmental Quality (MDEQ) Plainwell Office: (269) 685-6851 Lansing Office: (517) 373-1170		

**PLEASE CALL SHOULD YOU REQUIRE FURTHER ASSISTANCE IN
 COMPLETING APPLICATIONS.**