

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