



**SIGNAGE CERTIFICATE APPLICATION**

**SIGNAGE - ZONING CERTIFICATE APPLICATION**

PROPERTY OWNER:		OWNER TELEPHONE:	
PROPERTY ADDRESS:		PARCEL NUMBER:	
APPLICANT NAME (IF NOT OWNER):		APPLICANT TELEPHONE:	
FOR QUESTIONS/PICK UP CONTACT:	<input type="checkbox"/> OWNER <input type="checkbox"/> APPLICANT		
PREFERRED METHOD OF CONTACT:	<input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL	CONTACT EMAIL:	

**REQUIRED FOR SUBMISSION**

<input type="checkbox"/> Completed Application with original signature	<input type="checkbox"/> (2) 8.5 x 11 (or 11x17) Copies of a plot plan (including any necessary landscaping), construction drawings, and elevation plans (when applicable)	<input type="checkbox"/> <b>If an 11x17 copy has not been provided,</b> (1) Full Size PDF digital copy of all Plans (On a disc or sent via email to <a href="mailto:planning@miamitownship.com">planning@miamitownship.com</a> ) need to be provided along with signed application.
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**SIGN DIMENSIONS – LIST THE DIMENSIONS OF EACH SIGN FACE REQUESTED**

*NOTE: In addition to being noted here, ALL of the following information MUST be clearly described on the accompanying sign drawings, plot plans, and elevation drawings. SIGN CODES: (FS) Free Standing or Pole Sign, (WL) Wall Sign, (WD) Window Sign, (ET) Electronic or LED Message Board, (OT) Other – Please Specify for each sign*

	LENGTH:	WIDTH:	TOTAL HEIGHT	AREA OF SIGN	SIGN CODE*
#1					
#2					
#3					
#4					

*(Total linear length for each façade/wall face for which a sign is proposed – elevation numbers should correspond to elevations shown on plan drawings.)*

ELEVATION(S):	#1 _____	#2 _____	#3 _____	#4 _____
WILL SIGN BE ILLUMINATED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INTERNAL <input type="checkbox"/> EXTERNAL	SETBACK FROM THE ROAD RIGHT-OF-WAY: _____ <i>(applies to ground signs only)</i>	

**EXISTING SIGNAGE ON FAÇADE OR SITE AS APPLICABLE (ATTACH SEPARATE SHEET IF NECESSARY)**

#	TOTAL HEIGHT:	AREA OF SIGN:	TYPE OF SIGN:
#1			
#2			
#3			
#4			

*With my signature, I understand that any misrepresentation of any statement submitted with or within this application shall render the Zoning Certificate null and void and this application may be returned as incomplete or denied if all required information has not been provided.*

Applicant's Printed Name:	Applicant's Signature:	Date:
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[STAFF USE ONLY]		
CERTIFICATE #	FEE \$	NOTES: