

VS- _____
VE- _____

Permit Application
Village Stockbridge Building Dept.
Phone: (517) 851-7435 Fax: (517) 772-6222

SIGN

I. Location of Development:

Address		Property I.D. Number	
Village	County	zip	
STOCKBRIDGE	INGHAM	49285	
Nearest Intersection:			

II. Owner Information:

Cell #:

Owner Name:		Phone #:	
Address	City	State	Zip

III. Contractor Information:

Cell #:

Contractor's Name		Bus. Name:	
Address:	City	State	Zip
License No:	Expiration Date:	Phone#	
Federal I.D. No. or Reason for Exemption:			
Workers Comp. Insurance. Carrier or Reason for Exemption:			
MESC Employer No. or Reason for Exemption:			
Contractor Signature:			

IV. Type of Sign: (circle type of project(s))

Is the proposed sign to replace an existing sign?

YES / NO

Free Standing Sign	Awning/Canopy Sign	Banner Marquee	Directional or Informational
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V. Characteristics of Sign:

Illuminated? Yes / No
Dimensions: _____ Square Footage: _____

Is electrical going to be provided to the mentioned structure?

YES / NO

Circle one

By checking NO you are responsible for all fines assessed by the inspector for electrical done prior to application of electrical permit.

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

Name: _____ Phone: _____

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 the state relating to persons who are to perform work on a residential structure. Violators of Section 23A are subject to Civil Fines.

Note: The Village of Stockbridge does not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.

I hereby certify that the owner of record authorizes the proposed work and that the owner to has authorized me to complete 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.

Signature of Applicant:

Date

Admin Fee: \$30.00	Plan Review: \$25.00	Inspection Fee: \$35.00	Total:
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*Note: Fees are based on estimate of number of inspections. If any additional inspections are incurred, you must pay for them.

SIGNATURE OF ZONING/SIGN APPROVAL:

DATE: