CHEBOYGAN COUNTY
PLANNING & ZONING DEPARTMENT

870 S. MAIN ST., RM. 103 ▪ PO BOX 70 ▪ CHEBOYGAN, MI 49721
PHONE: (231)627-8489 ▪ FAX: (231)627-3646

ZONING SIGN PERMIT APPLICATION

▪ MAKE CHECK PAYABLE TO: **PLANNING & ZONING DEPARTMENT** ▪ ▪ ZONING PERMIT FEE FOR A SIGN IS $60.00 ▪

JOB LOCATION

Address	City/Village	
Property Tax I.D. Number 16 - _____ - _____ - _____ - _____ - _____	Township	Section
Subdivision or Condo Name:	Plat or Lot No.	

SOIL AND SEDIMENTATION

Distance to nearest lake, stream, river or any body of water

APPLICANT INFORMATION

☐ Property Owner ☐ Purchaser – Option or Purchase Agreement ☐ Purchaser – Land Contract
Date deed will be recorded with Register of Deeds ____/____/____ **Please attach a copy of the land contract**

☐ Tenant ☐ Developer / Contractor ☐ Engineer / Architect

Name	Company	
Address	City & State	Zip
Telephone	Fax	E-mail

OWNER INFORMATION

Name	Telephone	Email or Fax
Address	City & State	Zip

AFFIDAVIT

I hereby certify that I am the owner of the above described property and that the information provided herein is true and correct. In lieu of representing this request myself as owner of the subject property, I hereby authorize the person designated above as applicant to represent this request on my behalf. I hereby give permission for Cheboygan County Planning & Zoning Department Staff to enter the property subject to this permit application for purposes of inspection.

_____ Owner's Signature _____ Print Name _____ Date

EXISTING USE OF PROPERTY

Please check all existing uses that apply.

☐ Residential – Single Family Dwelling	☐ Residential – Storage	☐ Residential – Home Occupation _____
☐ Commercial – Retail	☐ Commercial - Storage	☐ Commercial: _____
☐ Agricultural	☐ Vacant	☐ Other: _____

PERMIT REQUEST

Please provide a detailed description of your request:

PROPOSED SIGN INFORMATION

	Proposed Sign Type *(See Attached Graphic)*	Dimensions	Height *(Normal Grade To Highest Point)*
1			
2			
3			

	Sign 1	Sign 2	Sign 3
Will the proposed sign be externally illuminated?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Will the proposed sign be internally illuminated?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Will the proposed sign contain an electronic surface?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

EXISTING SIGNS TO REMAIN

	Sign Type	Dimensions	Height
1			
2			
3			

PLOT PLAN

Please include the location of each sign, new and existing, and each item listed below on the plot plan on page 3 of this application. Check the "drawn" box after the item is included on the plot plan. Check the "N/A" box if the item required is not applicable to your parcel.

Drawn	N/A	Required Information To Be Included On Plot Plan	Drawn	N/A	Required Information To Be Included On Plot Plan
☐	☐	Property line dimensions and property shape.	☐	☐	Parcels under separate ownership therein.
☐	☐	Front, rear, & side setback dimensions for proposed sign.	☐	☐	Road Right-Of-Way (ROW); access or utility easements.
☐	☐	Location, shape & size of all existing & proposed buildings and signs on property.	☐	☐	The existing and intended use of the lot and structures.
			☐	☐	Place north arrow on plot plan.
☐	☐	Location of all drives and parking areas.	☐	☐	Other essential information.

SETBACKS

Please provide the setback distance from the proposed structure to each property line. These setback dimensions are to be included on the plot plan also.

Front Setback	Rear Setback	Side Setback	Side Setback

PLOT PLAN

AFFIDAVIT

I agree the statements made above are true, and if found not to be true or incomplete, any zoning permit that may be issued may be void. 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 Cheboygan County Zoning Ordinance will be complied with. I agree to notify Cheboygan County Planning & Zoning Dept. for inspection before the start of construction and when locations of proposed structure(s) are marked on the ground.

_____ _____

Signature of Applicant Date

Sign Type Graphic

