

**CHARTER TOWNSHIP OF LANSING**  
3209 W. Michigan Avenue, Lansing, Michigan 48917  
Phone: (517) 485-4063 Fax: (517) 485-3276

**APPLICATION FOR SIGN PERMIT**

Date: \_\_\_\_\_

Location of Sign:

Address: \_\_\_\_\_ Lot: \_\_\_\_ Subdivision: \_\_\_\_\_

Owner of Premises: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupant of Premises: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner of Sign: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor or Erector: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*Plans and Specifications as required by Code of Ordinances, Chapter 102.5.**

**Include the following:**

- Construction drawing including cross section.
- Drawing or photos showing dimension of building façade or wall that sign is to be installed on. **For Eastwood—show total square footage of building and square footage of Front Façade.**
- Photo of existing signs and proposed changes.
- Site plan or survey showing placement of signs and setback from property lines, for Ground and Pole signs.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Please Print Name

<p>Approved By: _____ Building Inspector</p> <p>Permit No. _____</p> <p>Fee Paid: _____</p>
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**(continued on next page)**

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Permit Fee for Each Sign:  
\$65 plus \$1.30 per square foot

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**APPLICANT:**

<u>Number</u>	<u>Type of Sign</u>	<u>New/Alter/Repair</u>	<u>Sign Dimensions</u>	<u>Total Sq. Footage</u>	<u>Sign Fee</u>
<b>#1</b>	Wall _____ Pole _____ Ground _____	New _____ Alteration _____ Repair _____	Length _____ Height _____	_____ Sq. Ft.	\$ _____
<b>#2</b>	Wall _____ Pole _____ Ground _____	New _____ Alteration _____ Repair _____	Length _____ Height _____	_____ Sq. Ft.	\$ _____
<b>#3</b>	Wall _____ Pole _____ Ground _____	New _____ Alteration _____ Repair _____	Length _____ Height _____	_____ Sq. Ft.	\$ _____
<b>#4</b>	Wall _____ Pole _____ Ground _____	New _____ Alteration _____ Repair _____	Length _____ Height _____	_____ Sq. Ft.	\$ _____
<b>#5</b>	Wall _____ Pole _____ Ground _____	New _____ Alteration _____ Repair _____	Length _____ Height _____	_____ Sq. Ft.	\$ _____
<b>#6</b>	Wall _____ Pole _____ Ground _____	New _____ Alteration _____ Repair _____	Length _____ Height _____	_____ Sq. Ft.	\$ _____
<b>TOTAL: \$</b>					

**Attach required documents for each sign to this application (identify each by "sign #"). If more than six sign requests are needed for this location, please make a copy of this application.**