P.O. Box 455
Mackinac Island, MI 49757-0455

Please indicate the type of Commercial Sign for which you are

applying for a Permit (Check Only ONE - ONE APPLICATION PER

City of Wackinac Island

SIGN):

City Clerk Telephone (906)847-3702 Building Dept. Telephone (906)847-4035

DO NOT WRITE IN THIS AREA - BUILDING

DEPARTMENT USE ONLY

Date Application Received:

Fax (906)847-6430

APPLICATION FOR COMMERCIAL SIGN PERMIT

(06/98)

As Required Under Provision of Ordinance No. 351

☐ WALL SIGN ☐ FREESTANDING SIGN ☐ WINDOW SIGN	Application Fee Due/Received: \$
☐ PROJECTING SIGN ☐ WINDOW SIGN ☐ AWNING OR CANOPY SIGN	APPLICATION/PERMIT No.:
PLEASE TYPE OR LEGIBLY PRINT THE INFORMATION BELOW	
Applicant's Name:	Name of Property Owner:
Address:	Address:
(P.O. Box Number, or Street Number and Name)	(P.O. Box Number, or Street Number and Name)
City State ZIP Code Telephone Number:	City State ZIP Code Telephone Number:
Business Name:	Contractor Name:
Address:	Address:
(P.O. Box, or Street Number and Name)	P.O. Box, or Street Number and Name)
City State ZIP Code	City State ZIP Code
Telephone Number:	Telephone Number:
Business Location:	
1 YES NO Is the business located on the corner of two public streets, with public entrances from each of the streets?	
2 YES NO Is the business situated such that if has public entrances on two opposite sides of the building (not corner streets)?	
3 YES NO Is the business located within a mall?	
Zoning District of the business	
location	
5. Is the Signage NEW ADDITIONAL	REPLACEMENT?
6 YES NO Does the business have other existing signage?	
7. YES NO Is the businss located on contiguous real property exceeding one (1) acre in size?	
PLEASE READ THE FOLLOWING CAREFULLY	
Provide details, sketches, drawings, and/or photographs describing the proposed signage along with any existing signage.	
This information shall include the type of signage (i.e. Freestanding, wall, window, projecting, awning or canopy), the location	
of the signage on the building, the size of the building face (for wall signs), the size of the windows (for window signs), the	
overall size/dimensions of the signage, structural details relavant to the attachment and/or support of the signage, the height	
and/or clearance of the signage above ground, and any signage illumination details.	
Signature of Applicant:	Date of Application:
PLEASE INDICATE THE NUMBER OF ADDITIONAL SHEETS ATTACHED:	

APPLICATION, FEE AND NECESSARY DOCUMENTATION (DRAWINGS, DETAILS, ETC)., AS REQUIRED MUST BE SUBMITTED TO BUILDING DEPT. BEFORE STARTING ANY WORK.

DO NOT WRITE ON THIS PAGE - BUILDING DEPARTMENT USE ONLY Application No.: Applicant: **Business Name:** Type of Sign Permit Applied For: APPLICATION/PERMIT REVIEW AND ACTIVITY LOG Date **Description of Activity** ___ PERMIT APPROVED __ PERMIT DENIED Reasons for Denial: Signature of Building Official Date