

**CITY OF PONTIAC**  
**DEPARTMENT OF BUILDING & SAFETY**  
47450 Woodward Avenue  
Pontiac Michigan 48342  
248-758-2800/FAX 248-758-2827  
**APPLICATION FOR SIGN PERMIT**

**APPLICANT MUST COMPLETE ALL ITEMS IN SECTION I, II, III and IV. NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS.**

<b>I. PROJECT INFORMATION</b>				
Project Name		Address		
City	PONTIAC	State	MICHIGAN	County
				OAKLAND
				Zip Code
<b>II. CONTRACTOR</b>				
Name		Address		
City	State	Zip Code	Telephone Number	
Builders License Number		Expiration Date		
Federal Employer ID Number or Reason For Exemption		Workers Comp Insurance Carrier or Reason For Exemption		
Cell Number		E-Mail Address		
MESC Employer Number or Reason For Exemption				
<b>III. TYPE OF SIGN AND PLAN REVIEW</b>				
<input type="checkbox"/> Temporary (LIMITED TO 30 DAYS) <input type="checkbox"/> Non-Projecting Sign _____ : <input type="checkbox"/> Projecting Sign _____ : <input type="checkbox"/> Roof Sign _____ : <input type="checkbox"/> Illuminated <input type="checkbox"/> Non-Illuminated No. of Panels _____ Size Each _____ : Frame _____ :		Length _____ Ft. _____ In. Width _____ Ft. _____ In. Area _____ Sq. Ft. Weight _____ Lbs. Thickness _____ In. Panel Material _____ :		
Projecting Sign: Greatest distance from building to outside edge of sign: _____ Ft. Clear height from under side of sign to ground level: _____ Ft. Distance from building to inside edge of curb: _____ Ft. Size and type of supports: _____ . Ground Sign (Billboard & non-projecting): Total height from grade to top of sign: _____ Ft. Roof Sign: Distance from roof to bottom of sign: _____ Ft. Shortest distance from sign to roof edge: _____ Ft. Size and type of supports: _____ . <input type="checkbox"/> Solid <input type="checkbox"/> Open <input type="checkbox"/> Plans submitted for review <input type="checkbox"/> Structural plans for review				
<b>Please be advised that a non-refundable \$150.00 'Zoning Sign Review Fee' is due at the time of submission. Additional fees will be required prior to issuance.</b>				
Estimated Value of Construction/Contract Value: \$ _____				
I HEREBY CERTIFY THAT THE OWNER OF RECORD AUTHORIZES THE PROPOSED WORK AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER 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:	

