



City of Munising Sign Permit Application

Applicants Name _____

Address _____

Work Telephone Number _____

Home Telephone Number _____

Applicants Signature _____ Date _____

Zoning Administrator Use Only
Date Filed _____
Receipt Number _____
Fee Paid _____

Please fill out the following information pertaining to the owner of the land on which the sign is to be erected.

Site Plan Required, draw to scale, please use reverse or attach additional pages.

Owners Name _____

Address _____

Work Telephone Number _____

Home Telephone Number _____

Owners Signature _____ Date _____

Current Zoning District _____

Complete Legal Description of Site _____

Circle sign type: Pole Sign Wall Sign Ground Sign Sidewalk Sign Canopy/Marquis Sign

Is the Sign animated: Yes No

Proposed Use of the Structure and/or Land _____

Proposed Home Occupation (if Applicable) _____

Approved _____ Denied _____

Zoning Administrator's Signature _____ Date _____