



Planning and Zoning Department

47275 Sugarbush, Chesterfield Township, MI 48047

Phone: (586) 949-0400

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www.chesterfieldtwp.org

Sign Review Application Form

Office Use

Application # _____ Receipt # _____ Date _____

Admin Fee _____ Planner's Fee _____

I. TYPE OF REQUEST

- NEW SIGN, LIGHTING, SIGN RESURFACE, WALL SIGN, GROUND/MONUMENT, TENANT PANEL, OTHER

II. APPLICANT (A completed Applicant Information Form must accompany this application)

APPLICANT'S NAME, ADDRESS, CITY, STATE, ZIP, PHONE, FAX

III. PROPERTY INFORMATION

BUSINESS/DEVELOPMENT NAME, BUSINESS/DEVELOPMENT ADDRESS, BUSINESS/DEVELOPMENT TYPE, SHOPPING CENTER NAME

IV. REQUEST DETAIL

PROPOSED SIGN AREA (SQ FT), HEIGHT (FT), BLDG LINEAL FT

V. SIGNATURE (This application form must be signed by either the applicant or legal owner of property)

The undersigned deposes that the foregoing statements and answers and accompanied information are true and correct.

SIGNATURE OF APPLICANT/OWNER

PRINT/TYPED NAME OF APPLICANT/OWNER