CLAM LAKE TOWNSHIP
SIGN PERMIT APPLICATION

PROJECT LOCATION:

Tax Roll No: _____

Address: _____

Name of Business: _____

BUILDING OWNER/LESSEE:

Name: _____

Address: _____

Phone: _____

E-mail: _____

SIGN CONTRACTOR:

Name: _____

Address: _____

Phone: _____

E-mail: _____

SIGN TYPE/NUMBER:

Wall [ ] Length: Width: Area of Wall Installation:

Free Standing [ ] Height: Length: Width:

Temporary [ ] Length: Width: Display Dates: to

SIGN APPLICATION FEE: _____ **VALUE OF SIGN:** _____

_____ _____

Applicant's Signature Date

_____ _____

Zoning Administrator Date

Application Approved [ ] Application Denied [ ]

PLEASE ATTACH DRAWINGS SHOWING LOCATION AND SIZE OF EACH PROPOSED SIGN.