



City of Rochester Hills
Building Department
 1000 Rochester Hills Dr.
 Rochester Hills, MI 48309
 (248) 656-4615 Phone
 (248) 656-4623 Facsimile
 (248) 656-4619 24-Hour Inspection Line

SIGN PERMIT APPLICATION



I. Job Location	
Street Address	
Sidwell Number	
Residential / Commercial Center Name	
Phone Number of Owner	

Project Number: _____

Permit Number: _____

II. Applicant Information			
<input type="checkbox"/> Contractor	Name		Contractor License Number
<input type="checkbox"/> Owner			
Address (Street Number and Name)			City Registration Number
City	State	Zip Code	
Telephone Number () ()	Cell Number () ()	Fax Number () ()	
Email Address		Federal Employer ID Number (or reason for exemption)	

III. Type of Proposed Sign		Square Footage of all Existing Signs: _____ Square Footage of Proposed Sign: _____ Height Above Grade (to top of sign-ground signs only): _____ Square Footage of Façade (wall signs only): _____ Is Sign To Be Lighted? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Electrical Contractor: _____ Note: If sign is to be lighted, a separate electrical permit is required to be issued prior to Sign Permit Issuance.
<input type="checkbox"/> On-Premise	<input type="checkbox"/> Wall Sign	
<input type="checkbox"/> Off-Premise	<input type="checkbox"/> Monument Sign	
<input type="checkbox"/> New Sign	<input type="checkbox"/> Temporary Sign	
<input type="checkbox"/> Panel Change	<input type="checkbox"/> Renewal	
<input type="checkbox"/> Banners / Flags	<input type="checkbox"/> Development Sign	
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Subdivision Marker	
<input type="checkbox"/> Gas Station Canopy	<input type="checkbox"/> Model Sign	

IV. Applicant Signature	
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his 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
Print Name	

FOR OFFICE USE ONLY	
Ordinance Review Use _____ Façade: Width _____ Height _____ Setback _____ Corner Clearance _____ Total Sign Allocation _____ SBA File # _____ Date _____ Stipulations: _____ _____ Approved by: _____ Date: _____	Building Plan Review <input type="checkbox"/> Certificate of Occupancy <input type="checkbox"/> Letter Sent <input type="checkbox"/> Building Permit <input type="checkbox"/> Not Applicable Footing Inspection Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Stipulations: _____ _____ Approved by: _____ Date: _____