Saugatuck Township

TEMPORARY SIGN PERMIT APPLICATION

SUBMISSION INSTRUCTIONS

Please complete this form and include a brief proposal outlining your organization and event. Submit the form, proposal, and all required materials to the Township Office.

Email: info@saugatucktownshipmi.gov **Phone:** 269-857-7721

APPLICANT INFORMATION

Business Name: _____

Contact Name: _____

Mailing Address: _____

_____

City *State* *Zip Code*

Email: _____ **Phone:** _____

REQUIREMENTS

- **Dimensions of Sign:** Height: _____ ft Length: _____ ft
- **Dates of Display:** Start Date: _____ End Date: _____

  Note: Temporary signs/banners at the intersection of Blue Star Hwy and Holland St may be displayed for a maximum of 2 weeks (14 days).
- **Location:** Attach a site plan showing the proposed sign location.
- **Responsible Party for Setup/Removal:**

  Contact Name: _____

  Email: _____ Phone: _____

AUTHORIZATION

By signing below, I acknowledge that:

- This application is subject to the requirements of the Saugatuck Township Zoning Ordinance.
- I will comply with all Township regulations and conditions regarding temporary signage.
- I am responsible for the proper setup, maintenance, and removal of the sign.

_____

Applicant Signature *Date*

FOR OFFICE USE ONLY

PERMIT #: _____

FINAL AUTHORIZATION ISSUED:

Authorized Signature: _____ Date _____

Fee $ _____ Received By: _____ Date _____