



# CITY OF DEARBORN

DEPARTMENT OF BUILDING & SAFETY  
 4500 Maple St., Dearborn, MI 48126  
 (313) 943-2150

<b>FOR OFFICE USE ONLY</b>
PERMIT NO. _____
DATE _____

## SIGN PERMIT APPLICATION

### 1. INSTRUCTIONS:

- Complete, accurate and legible information must be provided in every box: Write "N.A." if question does not apply
- For multiple signs at a single site, submit an additional front page for each sign
- Submit (3) copies of complete construction documents which adequately describe the proposed work, including:
  - a) An accurate site plan showing location of sign(s) in relation to structures and property lines
  - b) Clear dimensioned elevations showing an accurate graphic representation and location of proposed sign(s)
  - c) Attachment and/or foundation details sealed\* by licensed architect or engineer (required in most cases)
- It is the applicant's responsibility to ensure that all required information is provided and that the work proposed herein complies with all building code and city ordinance requirements. Failure to do so will result in undue delay
  - \* Refer to attached information sheet for sealed plan requirements and an overview of ordinance requirements

<b>2. SITE ADDRESS</b> (provide suite number if applicable AND ZIP CODE)		<b>3. PARCEL NUMBER</b> 82-_____-_____-_____		
<b>4. NAMED OCCUPANT</b> (as written on C of O):	<b>TYPE OF INSTALLATION</b> (CHECK ONE) ▶	5. <input type="checkbox"/> New Sign with New Structure	6. <input type="checkbox"/> Face Change to Existing Sign Structure	7. <input type="checkbox"/> Interior Mall Sign

<b>8. TYPE OF SIGN</b> (CHECK ONE):		<b>9. WORDING:</b>		
<input type="checkbox"/> Wall	<input type="checkbox"/> Wall sign-projecting or "blade" type			
<input type="checkbox"/> Awning	<input type="checkbox"/> Canopy with stanchions			
<input type="checkbox"/> Ground sign (pole)	<input type="checkbox"/> Ground sign (monument)			
<input type="checkbox"/> Other (specify): _____				
<b>10. NUMBER OF SIGN FACES:</b>				
<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> More than two (specify): _____				

<b>11. DIMENSIONS OF SIGN STRUCTURE</b> (for <u>ground signs</u> state: length x height of panel x overall height; for <u>awnings</u> state: structure length x height x projection; for <u>wall signs</u> state: length x height):  _____ x _____ x _____	<b>12. AWNINGS ONLY: DIMENSION OF LETTERING AREA INCLUDING ANY GRAPHICS OR LOGO</b> (length x height):  _____ x _____	<b>13. IF WORDING INCLUDES NON-ENGLISH SCRIPT, PROVIDE ENGLISH TRANSLATION HERE:</b>
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<b>14. DISTANCE FROM GRADE TO BOTTOM EDGE OF SIGN:</b>	<b>15. MATERIAL OF SIGN BOX/STRUCTURE:</b>	<b>16. MATERIAL OF SIGN FACE:</b>	<b>17. TYPE OF ILLUMINATION:</b> <input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> None	<b>18. UNDERWRITER'S LABORATORY LABEL NUMBER</b> (Required for illuminated signs)
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<b>19. ARCHITECT OR ENGINEER IN RESPONSIBLE CHARGE</b> REQUIRED in most cases* if <b>box 5</b> or <b>box 7</b> was checked: <b>Name</b> _____ <b>A/E</b> <b>Address</b> _____ <b>Telephone</b> _____ <b>Michigan license number</b> _____ <b>Expiration date</b> _____ * Refer to attached information sheet for sealed plan requirements	<b>20. CONSTRUCTION COST</b> REQUIRED in most cases* if <b>box 5</b> or <b>box 7</b> was checked. <u>Attach copy of signed contract</u> \$ _____ * contract should itemize cost of sign/awning	<b>21. BUILDING BOARD OF APPEALS:</b> If a variance has been granted pertaining to the work proposed, provide appeal number: _____ and <b>attach copy of Building Board approved plans.</b>
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<b>22. DESIGN REVIEW:</b> Only for properties located within the Downtown Business District (DBD). Provide the Design Review case number: _____ and <b>attach a copy of approved plans and "Certificate of Approved Design"</b> issued by the Design Review Committee.
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PROPERTY OWNER INFORMATION/AFFIDAVIT	
23. I do hereby certify that I am the owner and/or authorized agent of the property herein described as (PRINT SITE ADDRESS) _____ and that I have given the applicant herein named permission to perform the work described in this application.	
24. PROPERTY OWNER NAME (PRINT)	25. If Business Name, print authorized agent's name
26. PROPERTY OWNER'S ADDRESS	27. CITY/STATE/ZIP
28. PHONE NUMBER	29. EMAIL ADDRESS (optional)
30. SIGNATURE OF PROPERTY OWNER/AUTHORIZED AGENT	31. DATE

NOTARIZED CONTRACTOR-APPLICANT INFORMATION/AFFIDAVIT		
32. COMPANY NAME	33. DEARBORN CONTRACTOR REGISTRATION NUMBER	
34. COMPANY ADDRESS	35. COMPANY PHONE NUMBER	
36. CITY/ STATE/ ZIP	37. COMPANY EMAIL ADDRESS or FAX NO.	
38. NAME OF COMPANY-AUTHORIZED REPRESENTATIVE (PRINT)	39. DATE OF BIRTH	40. DRIVER'S LICENSE OR STATE ID NUMBER AND EXPIRATION DATE
I affirm that the information provided in this application and the accompanying drawings which are a part of this application, is accurate. Application is hereby made for a permit to perform the work described in this application and the accompanying drawings which are a part of this application. The acceptance of the permit shall constitute an agreement to abide by all codes and ordinances adopted and enacted by the City of Dearborn. All contractor registration information on file with the City Clerk's Office must be current. The City may remove or cause to be removed any and all temporary signs and/or decorations that are displayed past the permitted time period.		
41. SIGNATURE OF COMPANY-AUTHORIZED REPRESENTATIVE		42. DATE
43. NOTARIZATION: Subscribed and sworn to before me this _____ day of _____, _____  _____ (signature) Notary Public, _____ County, Michigan.  _____ My commission expires _____ (Notary printed name)		

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<b>PLAN INTAKE CHECKLIST:</b>			
1. If <b>box 5</b> or <b>box 7</b> is checked: Detail sheet is stamped & signed by a Michigan Registered Design Professional <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N.A.			
2. If <b>box 5</b> or <b>box 7</b> is checked: Contract is attached and matches scope of work indicated: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N.A.			
3. Application is <b>legible and complete</b> with owner's signature & a reachable phone number <input type="checkbox"/> YES <input type="checkbox"/> NO			
4. (3) copies of site plan and other plans are legible, elevations are clear, complete with dimensions <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Intake technician			
5. Design Review required? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> APPROVED  <input type="checkbox"/> APPROVED AS NOTED    _____ Plan reviewer  _____ Date	<b>Plan reviewer: write total number of signs and their types and sizes:</b>  <b>Additional Comments:</b>	PLAN EXAMINATION FEE	\$
		PERMIT FEE	\$
		PENALTY FEE	\$
		PAY THIS AMOUNT	\$