

APPLICATION AND SIGN PERMIT

COHOCTAH TOWNSHIP

Deliver to: Cohoctah Township Hall 10518 Antcliff Road
Mail to: Cohoctah Township 6950 Owosso Rd, Fowlerville MI 48836

Applicants Name _____ Date _____

Mailing address _____ App. No. _____

Phone _____ Fee _____

Owner's Name _____ Property Address _____

1. Attach a copy of deed, land contract, tax receipt, or other evidence of interest in property. _____
2. Attach a copy of legal description. _____
3. Parcel ID number _____
4. Location of property (nearest intersection) _____
5. Present use of property _____
6. Current zoning classification _____
7. List all accessory uses currently on property _____
8. For seasonal/temporary signs: date installed _____
9. Attach a complete description and scale drawing of the sign indicating all dimensions and square footage. _____
10. Attach a drawing showing the following: dimensions of property, all roads adjacent to property, easements, wetlands, lakes and streams, all structures, existing or proposed wells, septic tanks, and fields, dimensions of structures to property lines, dimensions of proposed structure including height. _____

NOTICE

1. Any sign permit shall become null and void if the work for which the permit was issued has not been completed within a period of six months after the date of the permit. Said sign permit may be extended for a period of 30 days upon request by the applicant and approval of the Planning Commission.
2. For temporary seasonal directional sign permits, the signs must be removed at the expiration of the time period for which the permit was issued. Such sign permits may be renewed for subsequent seasons upon reapplication and payment of fees.
3. The applicant and the owner acknowledge that the construction and maintenance of the sign shall at all times be in compliance with the Cohoctah Township Zoning Ordinance, Article XIX.
4. Applicant shall notify the Zoning Administrator when site is ready for inspection pursuant to Sec. 19.13C to request a Certificate of Compliance.

I hereby agree that the use of the premises and the construction of any improvements or structures will be accomplished in strict compliance with this Application, the Cohoctah Township Zoning Ordinance, the Livingston County Building Codes, the Livingston County Health Department rules and regulations and all other laws and regulations that may be applicable. I hereby declare that the above statements and information in this application and attachments submitted herewith are true and correct.

Applicant Signature _____ date _____ Owner Signature _____ date _____

Zoning Administrator _____ date _____ phone _____

____ Approved ____ Disapproved Comments _____

Planning Commission Chair (as applicable) _____ date _____

____ Approved ____ Disapproved Comments _____