



VILLAGE OF  
**PINCKNEY**

220 S Howell Street, Pinckney Mi 48169

Phone: 734-878-6206 Fax 734-878-9749

email: [zoning@villageofpinckney.org](mailto:zoning@villageofpinckney.org)

# Sign Permit Application

Permit # \_\_\_\_\_ Fee: \_\_\_\_\_

Location of Sign: \_\_\_\_\_ Zoning District \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Contractor: \_\_\_\_\_ License# \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Type of Work:  New Sign  Alter Sign  Repair Sign

Type of Sign:  Wall Sign  Ground  Temporary Sign

Single-sided  Double-sided

Total # of Square feet \_\_\_\_\_

- Attach plans showing sign detail including dimensions, materials and copy.
- Attach plot plan showing location on property and setback from property boundaries, road(s) and structures

### Temporary Signs:

Dates sign is to be used \_\_\_\_\_ to \_\_\_\_\_ Total # of days \_\_\_\_\_

Location of Sign \_\_\_\_\_

How the sign will be erected or affixed \_\_\_\_\_

All signs will conform to the requirements of the Village of Pinckney Zoning Ordinance. Completion of the work will be done within six (6) months or the permit becomes null and void.

\_\_\_\_\_  
Signature of applicant

Permit approved  Fee Paid  Check# \_\_\_\_\_

Permit Denied  Reason for denial: \_\_\_\_\_

Signature of Zoning Administrator \_\_\_\_\_ Date: \_\_\_\_\_

Call the Zoning Department when work is complete (734)878-6206.

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(To be completed by Zoning Administrator)

Work Completed as described

Not approved  Reason for denial: \_\_\_\_\_

Signature of Zoning Administrator \_\_\_\_\_ Date: \_\_\_\_\_