

220 S Howell Street, Pinckney Mi 48169
Phone: 734-878-6206 Fax 734-878-9749
email: 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-sid	ed
			/Indirect external lighting
Total # of Squar	e feet		
Attach plo		_	nensions, materials and copy.
Temporary Sign	s:		
Dates sign is to I	oe used	to	Total # of days

Location of Sign		
How the sign will be erect	ed or affixed	
-	•	Village of Pinckney Zoning Ordinance. 5) months or the permit becomes null and
Signature of applicant		
Permit approved	Fee Paid Check#	
Permit Denied	Reason for denial:	
Signature of Zoning Admi	nistrator	Date:
Call the Zoning Departme	nt when work is compl	,
	(To be completed by Z	oning Administrator)
Work Completed as descr	ibed 🔲	
Not approved Reasor	for denial:	
Signature of Zoning Admi	nistrator	Date: