

email: zoning@villageofpinckney.org

Sign Permit **Application**

Permit #		Fe	e:	
Location of Sigr	1:	Zoning	District	
Owner:				
Address:				
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-side	d	
Illumination Internal illumination Direct/Indirect external lighting				
Total # of Squar	e feet			
Attach pl		_	ensions, materials and copy. and setback from property boundaries,	
Temporary Sign	is:			
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 t Completion of the work will be done within six void.	
Signature of applicant	
Permit approved Fee Paid Check#	!
Permit Denied Reason for denial:	
Signature of Zoning Administrator	Date:
	· · · · · · · · · · · · · · · · · · ·
(10 be completed b	y Zoning Administrator)
Work Completed as described	
Not approved Reason for denial:	
Signature of Zoning Administrator	Date: