



Village of Bellaire
202 N. Bridge St.
P.O. Box 557
Bellaire, MI 49615

Phone: (231) 533-8213

www.bellairemichigan.com

Fax: (231) 533-4183

SIGN PERMIT APPLICATION

Office Use Only:

Case #: _____

Date Received: _____

Date of Inspection: _____

Fee Received: _____

Check Number: _____

Approved: _____ Permit #: _____

Denied: _____ Section: _____

PROPERTY OWNER _____

MAILING ADDRESS: _____

TELEPHONE (HOME): _____ TELEPHONE (BUSINESS): _____

SIGN COMPANY (if applicable): _____

PROPOSED SIGN SITE ADDRESS (if different than above): _____

TYPE OF SIGN PERMIT REQUESTED: _____Awning/Canopy _____Bracket _____Cluster
_____Ground-Mounted _____Monument _____Portable _____Wall _____Other

ZONING DISTRICT OF PARCEL: _____

PARCEL TAX NUMBER: _____

A DRAWING MUST ACCOMPANY THIS APPLICATION SHOWING A SKETCH OF YOUR PROPOSED SIGN ALONG WITH THE SIGN DIMENSIONS

AFFIDAVIT:

I agree the statements made above are true, and if found not to be true, any zoning permit that may be issued may be void. Further, I agree to comply with the conditions and regulations provided with any permit that may be issued. I agree the permit that may be issued is with the understanding all applicable sections of the Village of Bellaire Zoning Ordinance will be complied with. Further, I hereby certify that the property owner authorizes the proposed work, and that I have been empowered by the owner to make this application as his/her selected agent. Finally, I understand this is a zoning permit application (not a permit) and that a land use permit, if issued, conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Signed: _____

Date: _____

When completed, send to:
Zoning Administrator
Village of Bellaire
P.O. Box 557, 202 N. Bridge St.
Bellaire, MI 49615