



CITY OF WALKER  
 COMMUNITY DEVELOPMENT DEPARTMENT  
 4243 REMEMBRANCE RD NW  
 WALKER, MI 49534  
 (616) 791-6858  
 (616) 791-6881 FAX

**APPLICATION FOR SIGN PERMIT**

**1.) LOCATION OF SIGN(S)**

ADDRESS		PPN#	
CITY	COUNTY	ZIP CODE	
BETWEEN (cross street)		AND (cross street)	
ZONING OF PARCEL:			

**2.) PROPERTY OWNER OR LESSEE - CONTACT PERSON:**

BUSINESS NAME		TELEPHONE NO.	
ADDRESS	CITY	ZIP CODE	
FAX	EMAIL		

**3.) SIGN CONTRACTOR - CONTACT PERSON:**

FIRM NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
BUSINESS LICENSE NO.			EXPIRATION DATE
FAX	EMAIL		

**SIGN PERMIT FEES:**

1. \$60.00 for the first \$1,000 or fraction thereof of the value of the work, plus \$6.00 for each additional \$1,000 or fraction thereof
2. 25% Plan Review fee for commercial/industrial

**TEMPORARY SIGN:**

**1. NO PERMIT FEE REQUIRED**  
 START DATE: \_\_\_\_\_ THROUGH \_\_\_\_\_ (DATE TO REMOVE THE SIGN)

**4.) SIGN PERMIT CHECKLIST:**

**ATTACH PLANS SHOWING ALL SETBACKS, DIMENSIONS, MATERIALS AND SUPPORTING MECHANISMS**

**FILL IN THE FOLLOWING INFORMATION FOR EACH SIGN REQUESTED - ATTACH ONE COPY PER SIGN**

SIGN TYPE: PYLON / GROUND / WALL / DIRECTIONAL	HEIGHT _____
WIDTH _____	ILLUMINATION _____
LENGTH _____	TOTAL AREA _____
BASE MATERIAL _____	SETBACKS _____
FOUNDATION TYPE _____	ANCHORING SYSTEM _____

**5.) SIGN PROJECT DESCRIPTION:**

**6.) IS EXCAVATION ON SITE LARGER THAN ONE ACRE, WITHIN 500 FT. OF A LAKE, STREAM OR COUNTY DRAIN?** YES  NO

**7.) PROJECT VALUATION \$ \_\_\_\_\_ (Include labor) for remodeling and signs**  
NEW CONSTRUCTION VALUATION BASED ON FEE SCHEDULE ORDINANCE 94-448, BUILDING CODE OF THE THE CITY OF WALKER, ADOPTED BY RESOLUTION DATE APRIL 29, 2003, IS HEREBY REPEALED. THE FOLLOWING REVISED BUILDING PERMIT SCHEDULE IS HEREBY ADOPTED MAY 8, 2006, EFFECTIVE DATE JULY 1, 2006.

**8.) SIGN CONTRACTOR SIGNATURE:**

Contractor is responsible for the payment of all fees and charges applicable to this application and must provide the following information:

NAME	TELEPHONE NUMBER		
ADDRESS	CITY	STATE	ZIP
FIRM NAME			

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

SIGNATURE OF CONTRACTOR	APPLICATION DATE
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**9.) PROPERTY OWNER'S AFFIDAVIT:**

I hereby certify the construction work described on this permit application will be installed by myself. All work will be installed in accordance with the building code adopted by The Municipality, and will not be enclosed, covered up, or put into use until it has been inspected and approved by the Building Inspector. I will cooperate with the Building Inspector and assume responsibility to arrange for the necessary inspections.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINT NAME: \_\_\_\_\_

**10.) SITE OR PLOT PLAN - FOR APPLICANT USE (Attach additional sheets if necessary)**  
Indicate direction of North on site plan