

315 BRIDGE STREET  
 P.O. BOX 398  
 ELK RAPIDS, MI 49629-0398



**VILLAGE OF ELK RAPIDS**  
 PHONE: 231-264-9274  
 FAX: 231-264-6337

**VILLAGE OF ELK RAPIDS PLANNING/ZONING DEPT.**

**E-MAIL:** [vllgzoning@elkrapids.org](mailto:vllgzoning@elkrapids.org)

FOR OFFICE USE ONLY		
Application No. <b>ZC-</b>	Date Received	Application Fee <b>\$</b>

**SIGN PERMIT APPLICATION**

**PLEASE COMPLETE THIS FORM AND SUBMIT TO THE VILLAGE OF ELK RAPIDS PLANNING AND ZONING ADMINISTRATOR WITH THE FOLLOWING INFORMATION:**

PROPERTY LOCATION INFORMATION	
Address Number & Street Name	
Parcel Number	Lot Number

APPLICANT INFORMATION		
Applicant is:      Owner      or      Authorized Agent		
Last Name:	First Name:	Corporation or Partnership
Applicants Address:		
Municipality:	State:	Zip Code:
Telephone number:	Fax number:	E-Mail:

OWNER INFORMATION (if different from Applicant)		
Last Name:	First Name:	Corporation or Partnership
Applicants Address:		
Municipality:	State:	Zip Code:
Telephone number:	Fax number:	E-Mail:

**SIGN DETAILS**

Type of Sign(s) (check all that apply):

- Awning                      Ground (free standing)                      Portable                      Projecting                      Wall  
Electronic Message                      Business Center                      Home Occupation  
Other – Specify \_\_\_\_\_

Sign Dimensions:

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ sq.ft.    Height \_\_\_\_\_

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ sq.ft.    Height \_\_\_\_\_

Will Sign(s) be Illuminated?                      YES                      NO

**DECLARATION OF APPLICANT**

Applicant: (print name)

I, \_\_\_\_\_, hereby declare that the statements herein are true and complete, to the best of my knowledge and properly represent the purpose and intent of the declared use. I also declare that by making this application, the undersigned grants all officials, staff, and consultants of the Village of Elk Rapids access to the subject property as required and appropriate to assess site conditions in support of a determination as to zoning code compliance.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date of Submission)

**REQUIRED INFORMATION AND ACCOMPANYING DOCUMENTS**

The following items must be provided at time of submittal to the Planning and Zoning Administrator:

Completed Village of Elk Rapids Zoning Compliance Permit Application

Permit Application Fee

Detail drawing of proposed sign(s) showing dimensions and proposed location of sign(s) on the property.

**FOR OFFICE USE ONLY**

Application No. \_\_\_\_\_ Fee Tendered \$ \_\_\_\_\_ Cash Check No. \_\_\_\_\_

Application:      Approved      Denied

Authorized Signature:

\_\_\_\_\_

Planning and Zoning Administrator

\_\_\_\_\_

Date