



ADA TOWNSHIP
Temporary Sign Permit Application

Applicant Name: _____

Property Owner/Tenant Name: _____
(if different from applicant)

Business Name: _____

Applicant Address: _____

Property Owner/Tenant Address: _____
(if different from applicant) _____

Applicant Phone: _____

Applicant Fax No or Email Address.: _____

Permanent Parcel No: _____

Address of proposed sign location: _____

Zoning District of Subject Property: _____

Dates which the sign will be displayed _____ **to** _____

Number of Sign Permits Issued for this business during the Calendar year _____ **(Maximum 4)**

Area of Sign _____ **(Max 32)** **Height of Sign** _____ **(Max 6 ft.)** **Sign Setback** _____ **(Min 10 ft)**

Date: _____

Applicant Signature

TO BE COMPLETED BY THE TOWNSHIP

Application filed on _____, Application fee in the amount of \$ _____, received by _____, on _____.

Application, plans, other submissions and any necessary inspections indicate that proposed sign:

_____ **Complies with the Temporary Sign Ordinance.**

_____ **Does not comply with the Temporary Sign Ordinance for the following reasons:**

The application for a sign permit is:

_____ **Approved**

_____ **Approved, with the following conditions:** _____

_____ **Disapproved**

Zoning Administrator _____ Date: _____