



## Sign Permit Application

All applicable information must be provided.

City of Port Huron  
100 McMorran Blvd  
Port Huron, MI 48060  
Phone: (810) 984-9733  
www.porthuron.org

### I. Project Information

Job Location Address	
Name of Business	Property ID #: 74-06- _____ - _____ - _____

### II. Owner or Contractor Erecting the Sign

Owner	Address	
City	State	Zip
Telephone Number (include area code)	Cell Phone Number (include area code)	
Email Address		

### III. Sign Information

#### A. Type of Sign – Drawings must be attached to permit

<input type="checkbox"/> Awning / Canopy <input type="checkbox"/> Façade <input type="checkbox"/> Off-Premises <input type="checkbox"/> Special Event Signage <input type="checkbox"/> Construction / Flashing	<input type="checkbox"/> Illuminated / Projecting <input type="checkbox"/> Subdivision Sign <input type="checkbox"/> Double-Faced <input type="checkbox"/> Freestanding <input type="checkbox"/> Mural	<input type="checkbox"/> Wall <input type="checkbox"/> Electronic Message Center <input type="checkbox"/> Non-Profit Event <input type="checkbox"/> Sidewalk <input type="checkbox"/> Temporary Sign <input type="checkbox"/> Other _____
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#### B. Location / Size

Location of Sign on Building or Property <i>(provide detailed drawing and photos of sign and location on attached graph paper)</i>
Size Of Sign Height: _____ Width: _____ Depth: _____
Is sign in or over Public Right-of-Way? ____ Yes ____ No If yes, submit an application for a Right of Way permit.  Historic District Approval: ____ Yes (if marked, initial of approver) _____ Zoning District: _____

#### C. Description / Scope of Project

Please provide further detail of project:
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**V. Fees**– Enter applicable number of items, multiply by the unit price for total fee for each item.

<b>Sign Permits based on value of sign</b> <i>(Refer to Building Permit Fees on our website for current rates)</i>	<b>Enter Sign Value:</b> \$ _____
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**VI. Applicant** - (Applicant is responsible for the payment of all fees and charges associated with this application).

Name of Company	Address		
Applicant Name	City	State	Zip Code
Telephone Number (include area code)	E-mail Address		

**VII. Applicant Certification**

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

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**Inspector Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Payment:</b> Cash ___ Check _____ Credit Card _____ <b>Receipt Number:</b> _____ <b>Permit Number:</b> PS _____ -- _____ <b>Processed By:</b> _____
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