

**Sign Permit Application**  
**Comins Township**

2090 E. Miller Rd. PO Box 190 Fairview, MI 48621

Phone & Fax (989)-848-5811

PERSON APPLYING FOR PERMIT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: (IF AVAILABLE) \_\_\_\_\_

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FOLLOWING INFORMATION OF PARCEL OWNER

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Property Tax ID #: \_\_\_\_\_

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PHONE #: \_\_\_\_\_ Fax: \_\_\_\_\_

EMAIL \_\_\_\_\_

LOCATION OF BUILDING, STRUCTURE, OR PARCEL IN WHICH SIGN WILL BE  
ATTACHED OR ERECTED:

POSITION OF SIGN: \_\_\_\_\_

Please provide a copy of the plans and specifications with all sizes and dimensions.

Permit fees for signs shall be \$25. All checks to be made out to “Comins Township”.

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

PERMIT #: \_\_\_\_\_

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

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