

EUREKA CHARTER TOWNSHIP

Phone: 616-754-5053 Fax: 616-754-4760

Updated: 1-17-2023

APPLICATION FOR SIGN APPROVAL

Property Owner or Business: _____ Phone: _____

Owner Mailing Address: _____ E-mail: _____

Applicant/Agent Name (if different than Owner) _____ Phone: _____

Applicant Mailing Address: _____ E-mail: _____

Location of Property: _____

Property Number: _____

Sign Plan Requested for: (place a check in the appropriate spot)

COMMERCIAL: New Commercial _____ Addition/Alteration _____ Repair/Demolition _____
Other: _____

INDUSTRIAL: New Industrial _____ Addition/Alteration _____ Repair/Demolition _____
Other: _____

SIZE OF SIGN: _____

DESCRIBE PROJECT (i.e. home based business, commercial signage, etc.)

Are there any other existing structures on this property? If so, please identify: _____

ATTACH SITE PLAN – Applicant shall provide a site plan, accurately and neatly drawn to scale showing the property boundaries, proposed sign location, any existing buildings, proposed and/or existing utility services, driveway, private road, or street access location.

* If the applicant/agent is other than the property owner, proof of owner’s consent is required. Owner’s signature proves consent. The applicant/agent will be the liaison with the Township and will be the party to receive official notice. Notice communicated to the applicant/agent will be deemed communicated to the owner. By signing this application, the applicant/agent is consenting to the designation for these purposes.

SIGNATURE OF PROPERTY OWNER _____ Date: _____

SIGNATURE OF APPLICANT/AGENT _____ Date: _____

OFFICE USE ONLY

Zoning District: _____

The district minimum zoning requirements for the proposed use along with related planning staff review information is provided on attached sheet:

Zoning Sign Plan (circle one) **APPROVED/DENIED** (Decision for denial to be detailed on attached)

Approval Comments/Conditions _____

Approval Given By: _____

Review Date: _____ Review Fee Collected \$ _____ Issued Date _____ Permit number _____

Send Copy to Assessor upon Approval

Form Approval Good for One (1) Year from Date of Approval

SITE OR PLOT PLAN – MUST BE FILLED IN BY APPLICANT – OR ATTACH COPY

All site plans shall show the location of the septic system and well or provide approval from the MMDHD (health department.) Site plan shall include all buildings on the property.

A large grid for drawing a site or plot plan. The grid consists of 30 columns and 30 rows of small squares, providing a scale for the drawing.

ROAD (draw location of driveway)

Name of Road: _____

Distance in feet from edge of construction to property line:

FRONT from road R.O.W. _____

REAR _____

LEFT SIDE LINE _____

RIGHT SIDE _____