Village of Capac
208 N. Main Street
P.O. Box 218
Capac, MI 28014
Phone: 810-395-4355
Fax: 810-395-2715
www.villageofcapac.com

SIGN PERMIT APPLICATION

Office Use Only:
Receipt: _____
Method: _____

I. Job Location

Street Address & Job Location (Street No. & Name)	Suite/Apt. No.		Zip Code

Property/Business Owner Name (Required)	Email Address:

II. Applicant Information

❑Contractor ❑ Business Owner	Company Name	Licensee Name

Address (Street No. and Name)		

City	State	Zip

Phone Number (Required)	Email

III. Sign Information

❑**Permanent $100** per permanent sign

Location(s)	Historic District ❑Yes ❑No	Zoning:

Type of Sign(s)

❑ Billboard

❑Building mounted
(Attachment details required - awning, projecting, wall, etc.)

❑Freestanding
(pole or monument)

❑ Inflatable

❑ Illuminated sign
(Separate electrical permit required)

❑ Other (specify) _____

Dimensions

Sign 1 _____x_____=_____sq ft

Sign 2 _____x_____=_____sq ft

Sign 3 _____x_____=_____sq ft

Total Square Footage: _____

Height (from grade)

Weight

Material(s)

All non-residential permit applications must include a Master Sign Plan showing the dimensions, location, and lighting of all proposed and existing signs on the property. It does not have to be to scale.

IV. Building Information

Frontage	Setback	Height

Additional Information: _____

V. Applicant Signature

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 HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN AND THE CITY OF YPSILANTI. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL APPLICABLE FEES AND CHARGES ASSOCIATED WITH THIS APPLICATION.

_____ _____ _____

Signature of Applicant | Printed Name of Applicant | Date

How would you like permit to be sent? ☐ First Class Mail ☐ Email

Email Address: _____

OFFICE USE ONLY

ZONING NOTES: Zoning District: _____ Use: _____

Setbacks – Front: _____ Side: _____ Side: _____ Rear: _____

Notes: _____

_____

☐ Approved ☐ Disapproved Reviewed By: _____ Date: _____

BUILDING NOTES: Use: _____ Construction Type: _____ Code Edition(s): _____

Notes: _____

_____

_____

☐ Approved ☐ Disapproved Reviewed By: _____ Date: _____

HISTORIC DISTRICT NOTES:

Notes: _____

_____

_____

☐ Approved ☐ Disapproved Reviewed By: _____ Date: _____