Village of Mayville
6043 Fulton Street
PO Box 219
Mayville, MI 48744
989.843.6423 phone
989.843.0123 fax
www.villageofmayville.net

VILLAGE OF MAYVILLE
SIGN PERMIT APPLICATION

APPLICANT NAME _____

ADDRESS _____

CITY _____

PHONE _____

LOCATION OF BUILDING _____
POSITION OF THE SIGN, PLOT PLAN

DRAWING OF THE PLANS AND SPECIFICATIONS AND METHOD OF CONSTRUCTION AND ATTACHMENT TO BUILDING OR IN THE GROUND.

COPY OF STRESS SHEETS AND CALCULATIONS, IF DEEMED NECESSARY_____
NOT NECESSARY_____

NAME AND ADDRESS OF THE PERSON, FIRM, CORPORATION, OR ASSOCIATION ERECTING THE STRUCTURE_____

SUCH OTHER INFORMATION AS MAY BE REQUIRED TO SHOW FULL COMPLIANCE WITH THIS AND ALL OF THE APPLICABLE LAWS OF THE VILLAGE OF REESE AND THE STATE OF MICHIGAN.

APPLICATION FEE **$50** PAID_____ NOT PAID_____

APPROVED_____ DISAPPROVED_____

_____ _____
ZONING ADMINISTRATOR DATE

Adopted July 11, 2018