



City of Walled Lake
 1499 E. West Maple
 248-624-4847 Fax 248 624-1616

For Department Use Only	
Date Received	_____
Number of plan sets received	_____

SIGN PERMIT APPLICATION

DATE _____	JOB ADDRESS _____	Estimated Construction Value _____
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1. Owner's Information

Name _____	Address _____
City _____	MI, Zip Code _____ Phone _____
Email _____	
Please provide e-mail address for expedited plan review results	

2. Contractor's Information

Name _____	Address _____
City _____	MI, Zip Code _____ Phone # _____
Builder's License Number _____	Federal Employer ID/Exemption _____
Worker's Compensation Insurance Carrier or reason for exemption _____	
Copy of Insurance Required	
MESC Employer Number or reason for exemptions _____	
Email _____	
Please provide e-mail address for expedited plan review results	

3. Plan examination fee: REQUIRED

Plan Examination (Review) Fees	Total
Minimum Fee	\$35
Hourly rate after first hour	\$75
<i>** Below indicates required plan review Determined by Building Dept.</i>	
<u>Review Fee Total</u>	

4. Specific Permit Fees

Specific Permit Fees	Total
Application Fee	\$50
Contractor Registration Fee	\$25
Sign – Wall, Ground, Pylon, Pole, etc.	\$75 ea
Final Inspection	\$50
<u>Specific Permit Fee TOTAL</u>	
TOTAL PERMIT FEE	

5. Applications Requirements

The Applications shall contain the following information:

General Regulations:

- ___ a. Location of the building, building frontage, structure, and parcel on which the Sign is to be attached or erected.
- ___ b. Position of the sign in relation to nearby buildings, structures, property lines, and existing or proposed right-of-way. Signs may not be placed
- ___ c. Two copies of the plans and specifications. The method of construction, and/or attachment to a building, or ground placement, shall be explained in the plans and specifications.
- ___ d. A copy of calculations, if deemed necessary by the Planning Department, showing the structure as designed for dead load and wind pressure.
- ___ e. Name, address, phone number and if available, fax number and e-mail address, of the person(s) erecting the Sign.
- ___ f. Information concerning required electrical connections.
- ___ g. Copy of current certificate of general liability insurance where for the site as required by this Ordinance.
- ___ h. Such other information as the Planning Department may require showing compliance with this Sign Ordinance and any other applicable laws.
- ___ i. The seal or certificate of a registered structural or civil engineer.
- ___ j. The zoning district in which the Sign is to be placed.
- ___ k. A notice stating: "Any change in the information in this Application, such as a change of address, shall be submitted to the Planning Department within 7 days after the change."

6. ADDITIONAL INFORMATION: (2 sets of plans required)

1. All information must be correct, complete, and legible.
2. Separate permit is required for electrical.
3. No work may be started before the approval of this permit. Penalty for work done prior to the issuance of a permit shall double the permit fee.

**City of Walled Lake, Department of Planning and Development
Building Permit and Worksheet**

- 4. 24 Hours notice is required for inspections
- 5. Stamped Approved plans shall be on site in a readily available and observable location for the inspector to use. If plans are not available inspection will be denied

PERMIT IS VALID FOR 6 MONTHS.

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 City of Walled Lake and the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

Section 23a of the State construction code act, P.A. 230 of 1972, as amended, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirement of this State relating in persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines.

Contractor*

Property Owner

Applicant's Signature

Date

(*If applicant is NOT property owner, than the property owner must sign this application as well.)

Property Owner's Signature

Date

Do not write below this line

Per all City Codes and Ordinances; the adopted Michigan Residential Code, and the adopted Michigan Building Code.

Zoning Review Approved by _____ **Date** _____

Approved by _____ **Date** _____