

**CITY OF BLOOMFIELD
SIGN APPLICATION / PERMIT**

DATE: _____.

1. NAME OF APPLICANT: _____.

ADDRESS: _____.

PHONE #: _() _____.

2. ADDRESS OF SIGN LOCATION: _____.

3. OWNER OF SIGN: _____.

ADDRESS: _____.

PHONE #: _() _____.

4. PROPERTY OWNER'S NAME: _____.

ADDRESS: _____.

PHONE #: _() _____.

NOTE: WRITTEN PERMISSION FROM PROPERTY OWNER MUST BE ATTACHED FOR ALL BILLBOARD SIGNS>

5. TYPE OF SIGN: ON PREMISE _____ OFF PREMISE _____ TEMPORARY _____.

6. TOTAL SQUARE FOOTAGE OF SIGN: _____.

7. WILL SIGN BE ILLUMINATED: _____ YES, _____ NO.

8. ARCHITECT OR ENGINEER OF SIGN: _____.

9. SIGN ERECTOR: _____.

ADDRESS: _____.

PHONE #: _() _____.

FOR THIS APPLICATION TO BE COMPLETE, ALL PERMIT FEES MUST BE PAID, ONE COPY, DRAWN TO SCALE, AT LEAST 1"=100' OF THE SIGN, THE PLOT PLAN OF PROPERTY SHOWING THE LOCATION OF THE PROPOSED SIGN AND OTHER EXISTING SIGNS, STRUCTURES (IF ANY) AND PROPERTY BOUNDARIES MUST BE ATTACHED.

I HEREBY ACKNOWLEDGE THAT THIS APPLICATION IS CORRECT AND I AGREE TO COMPLY WITH ALL CITY ZONING AND SIGN ORDINANCES. I UNDERSTAND THAT THIS SIGN MAY NOT BE ERECTED WITHOUT FULL ACKNOWLEDGMENT AND AGREEMENT OF THE PROPERTY OWNER. ALL WORK MUST BE COMPLETED WITH 180 DAYS FROM THE DATE THIS PERMIT IS APPROVED.

FAILURE TO SUBMIT ALL OF THE INFORMATION REQUESTED, COULD RESULT IN THE DENIAL OF THIS APPLICATION. IF APPLICATION SHOULD BE DENIED OR REVOKED FOR ANY REASON, NO PERMIT FEES WILL BE REFUNDED.

APPLICANTS SIGNATURE

DATE

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FOR OFFICIAL USE ONLY

PROPERTY CURRENTLY ZONED: _____.

CORRECTLY ZONE: ____ YES ____ NO.

FLOODZONE: _____.

COPY OF SITE PLAN ATTACHED: ____ YES, ____ NO

TOTAL FEES PAID: ____ YES ____ NO, **AMOUNT PAID:** \$ _____.

APPROVED: _____, **DENIED:** _____.

REASON FOR DENIAL: _____.

BY: _____.

DATE: _____.