CITY OF MILAN, MICHIGAN

APPLICATION AND PERMIT FOR SIGN ILLUMINATION

(Attach additional sheets if more space is required)

_____ _____ _____

Name of Applicant Date of Application Permit No.

_____ _____

Phone (if any)

_____

Address of Applicant

_____ _____

Name of Owner Phone (if any)

_____

_____

Address of Owner

Location of Premises:_____

(street number and name)

Submittals Required:

1. Site Plan Identifying Location of Sign (s)

2. Photo or Drawing of Sign (s)

3. Describe how Sign (s) will be Illuminated
   i.e.: Type of Light – Internal/External, Continuous/Blinking

4. Indicate what hours sign will be illuminated:
   _____to_____ or 24 hours

_____Date:_____

Signature: Applicant

Fee Paid:_____

Application & Fee Received By:_____

Date:_____

Request for Sign Illumination:

Approved_____ Disapproved_____

_____Date:_____

Signature: Building/Zoning Official