

## Permanent Sign Permit Application



Please contact City Manager, Susan Montenegro with any questions at (517) 589-8236 Visit our website at www.cityofleslie.org

| 1. APPLICANT   |                   |             |              |  |                  |  |  |  |  |
|--|-------------------|-------------|--------------|--|------------------|--|--|--|--|
| Name:  |                   |             |              |  |                  |  |  |  |  |
| Applicant's Business   |                   |             |              |  |                  |  |  |  |  |
| Applicant's Business   |                   |             |              |  |                  |  |  |  |  |
|  |                   |             |              |  |                  |  |  |  |  |
| Phone Number(s):   | ary Sign: E-mail: |             |              |  |                  |  |  |  |  |
|  |                   |             |              |  |                  |  |  |  |  |
| 2. PROPERTY OWNER/LANDLORD   |                   |             |              |  |                  |  |  |  |  |
| Same as Applicant Information (skip to #3)   |                   |             |              |  |                  |  |  |  |  |
|  |                   |             |              |  |                  |  |  |  |  |
| Address:   |                   |             |              |  |                  |  |  |  |  |
| Phone Number(s): E-mail:   |                   |             |              |  |                  |  |  |  |  |
| 3. PERMANENT SIGN INFORMATION  |                   |             |              |  |                  |  |  |  |  |
| Property is: Residential Commercial Industrial Property Zoned:   |                   |             |              |  |                  |  |  |  |  |
| Existing Sign(s):  | Wall Signs        | Pole Signs  | Ground Signs | Canopy Signs   | Projecting Signs |  |  |  |  |
| Number of Sign(s):   |                   |             |              |  |                  |  |  |  |  |
| Size(s):   |                   |             |              |  |                  |  |  |  |  |
| Proposed Sign(s):  | Wall Signs        | Pole Signs  | Ground Signs | Canopy Signs   | Projecting Signs |  |  |  |  |
| Number of Sign(s):   |                   |             |              |  |                  |  |  |  |  |
| Size(s):   |                   |             |              |  |                  |  |  |  |  |
| Total Square Footage   | ۵.                |             |              |  |                  |  |  |  |  |
| (Provide sketch of plot plan on next page)   |                   |             |              |  |                  |  |  |  |  |
| 4. PERMANENT SI  | GN SUBMITT        | AL REQUIREN |              | The second secon |                  |  |  |  |  |
| _  |                   |             |              | to this application f  | or consideration |  |  |  |  |
| <ul> <li>Two copies of the elevations of the proposed signage must be attached to this application for consideration.</li> <li>Two copies of a site sketch plan showing signage location by indicating linear distance in feet from existing building, property lines, and other structures on the property must be submitted. For your convenience, graph lines have been provided on the application, or the plot can be attached to the application.</li> </ul> |                   |             |              |  |                  |  |  |  |  |

- I hereby attest that all information on this application is, to the best of my knowledge, true and accurate.
- Additionally, I hereby grant permission for the City of Leslie Zoning Administrator to enter upon the above mentioned property (or as described in the attachment) for the purposes of gathering information related to this application.
- Furthermore, I hereby acknowledge that in review of this application, the City of Leslie may require outside services of a planner or engineer to ensure that the requested item(s) for review in this application is compliant to the current zoning laws and policies of the City of Leslie. I, as the applicant, acknowledge that any costs incurred by the City of Leslie as they relate to the review of this application by any of the City's consultants listed above are my responsibility to reimburse and agree to repay the City of Leslie for any and all costs incurred to it in the review of this application.

| Fee:Electric \$15Non-Electric \$10     |            |        |                                   |       |         |          |       |            |      |       |    |  |   |
|--|------------|--------|-----------------------------------|-------|---------|----------|-------|------------|------|-------|----|--|---|
| Signature:                             |            |        | Date:                             |       |         |          |       |            |      |       |    |  |   |
| Applicant is the: ☐ Owner ☐ Lessee     |            |        | ☐ Optionee ☐ Contractor/Architect |       |         |          |       |            |      |       |    |  |   |
| TO BE COMPLETED BY CITY                |            |        |                                   |       |         |          |       |            |      |       |    |  |   |
| Date application and fee received:     |            |        | Staff Initials:                   |       |         |          | R     | Receipt #: |      |       |    |  |   |
| Application is:  APPROVED Explanation: |            | □ DEN  |                                   |       |         |          |       |            |      |       |    |  | _ |
| Zoning Administrator: Date:            |            |        |                                   |       |         |          |       | _          |      |       |    |  |   |
| (Remember to show streets, all s       | tructures, | Plot I |                                   | /eway | s, exis | ting sig | gnage | & prop     | erty | lines | ;) |  |   |
|  |            |        |                                   |       |         |          |       |            |      |       |    |  |   |
| Parking area                           |            |        |                                   |       |         |          |       |            |      |       |    |  |   |
|  |            |        |                                   |       |         |          |       |            |      |       |    |  |   |
| S Main                                 |            |        |                                   |       |         |          |       |            |      |       |    |  |   |
| Building                               |            |        |                                   |       |         |          |       |            |      |       |    |  |   |
| Droposed pole sign –                   |            |        |                                   |       |         |          |       |            |      |       |    |  |   |
| → 4' x 8'                              |            |        |                                   |       |         |          |       |            |      |       |    |  |   |
| Sidewalk X                             |            |        |                                   |       |         |          |       |            |      |       |    |  |   |
| Street ROW line                        |            |        |                                   |       |         |          |       |            |      |       |    |  |   |
|  |            |        |                                   |       |         |          |       |            |      |       |    |  |   |
| L                                      |            |        |                                   |       |         |          |       |            |      |       |    |  |   |
|  |            |        |                                   |       |         |          |       |            |      |       |    |  |   |
| Sample of Plot Plan:                   |            |        |                                   |       |         |          |       |            |      |       |    |  |   |
| L TOUT MAIN.                           |            |        |                                   |       |         |          |       |            |      |       |    |  |   |
| · ·                                    |            |        |                                   |       |         |          |       |            |      |       |    |  |   |
|  |            |        |                                   |       |         |          |       |            |      |       |    |  |   |
|  |            |        |                                   |       |         |          |       |            |      |       |    |  |   |