



# SIGN ERECTOR'S LICENSE APPLICATION

CITY OF LIVONIA – BUILDING INSPECTION

33000 CIVIC CENTER DRIVE

LIVONIA, MI 48154

(734) 466-2580

Email plans: [Inspectionplans@ci.livonia.mi.us](mailto:Inspectionplans@ci.livonia.mi.us)



APPLICATION FOR \_\_\_\_\_ ERECTOR'S LICENSE  
(SIGN/AWNING)

COMPANY NAME

PHONE NUMBER

COMPANY ADDRESS

CITY/STATE

ZIP CODE

COMPANY OWNER'S NAME

HOME PHONE NUMBER

COMPANY OWNER'S HOME ADDRESS CITY/STATE

ZIP CODE

CERTIFICATE OF INSURANCE VERIFYING THAT THE APPLICANT HAS PUBLIC LIABILITY INSURANCE MUST BE FURNISHED BEFORE LICENSE IS ISSUED OR RENEWED. THE LIMITS OF LIABILITY SHALL NOT BE LESS THAN:

- \$ 50,000 FOR INJURY TO ONE (1) PERSON
- \$100,000 FOR INJURY TO MORE THAN ONE (1) PERSON
- \$ 25,000 FOR PROPERTY DAMAGE, THIS MUST BE SPECIFIED SEPARATELY ON YOUR INSURANCE POLICY.

POLICY CARRIER

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

APPROVED BY CITY ATTORNEY

THIS POLICY CANNOT BE CANCELLED UNTIL AFTER A WRITTEN NOTICE OF INTENTION TO CANCEL HAS BEEN FIELD WITH THE DEPARTMENT AT LEAST TEN (10) DAYS PRIOR TO THE DATE OF CANCELLATION.

SIGN ERECTOR'S LICENSE SHALL TERMINATE UPON THE EXPIRATION OR CANCELLATION OF THE INSURANCE POLICY UNLESS EVIDENCE OF RENEWAL IS FILED WITH THE DEPARTMENT.

IN LIEU OF AN INSURANCE POLICY AS HEREIN REQUIRED, AN ERECTOR MAY PRESENT PROOF SATISFACTORY TO THE CITY ATTORNEY THAT THE SAID ERECTOR IS FINANCIALLY CAPABLE OF SELF-INSURANCE IN THE ABOVE AMOUNTS.

NAME AND TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_