



CITY OF LIVONIA
INSPECTION DEPARTMENT
 33000 Civic Center Drive Livonia, MI 48154
 Phone: 734-466-2580 Fax: 734-466-2095

Permit No. _____

SIGN PERMIT APPLICATION
 NOTE: EACH SIGN REQUIRES A SEPARATE PERMIT
 FOLLOW ALL INSTRUCTIONS ON THE BACK OF THIS SHEET

_____ Jobsite Address _____ Date _____

Applicant _____ Street Address _____ City/Zip _____ Phone No. _____

Contractor email address: _____

Owner or Lessee _____ Street Address _____ City/Zip _____ Phone No. _____

To Erect:

- New Ground Awning Reface
 Replacement Wall Interior

Sign To Be:

_____ Long By _____ High For A Total Of _____ Square Feet

Sign Wording: _____

PROVIDE THE FOLLOWING INFORMATION:

Ground Sign: Feet above ground to top _____ to bottom _____
 Setback _____ feet from property lines
 Support type and material _____
NOTE: FOOTING INSPECTIONS ARE REQUIRED FOR ALL NEW GROUND SIGNS

Wall Sign: Thickness _____ Weight _____ lbs.
 How attached to building _____

Awning Sign: Length of awning at building wall _____ feet
 Sign size: Horizontal _____ Vertical _____ Total area _____ Square feet
 Projection from wall _____ feet Distance from ground _____ feet
NOTE: SEPARATE PERMIT REQUIRED TO ERECT AWNING

Sign face material _____ Type of illumination _____

A LICENSED ELECTRICAL CONTRACTOR MUST OBTAIN A SEPARATE PERMIT FOR SIGN CONNECTION

I certify that the information contained in the application is correct.

GENERAL INSTRUCTIONS — ALL SIGNS
SEPARATE PERMIT APPLICATION REQUIRED FOR EACH NEW SIGN

- A. Incomplete applications will **not** be processed. A payment of \$77.00 **per** sign application must be received at the time of submission. It will be applied toward the Plan Review and Administration Fees. There will be permit fees due after plan review has been completed. There are **no refunds** of plan review or administration fees.
- B. Flashing signs are not permitted.
- C. Professional Engineers seal required on all signs of 100 square feet or more.
- D. All applications must have **two (2) fully dimensional** sign details attached.
- E. All ground signs must have **two (2) plot plans** showing the following:
 - 1. Dimensions of lot.
 - 2. All existing buildings on property and/or new buildings or additions.
 - 3. Side, rear and front yard measurements from all structures.
 - 4. Location of streets, alleys and/or easements.
 - 5. Location of sign (show setback from all property lines).
- F. All wall or awning signs must have **two (2) scale drawings**, full dimensioned, showing building elevation with proposed location of sign or awning in relation to doors, windows, roof line etc.
- G. You must be a registered sign contractor and **meet insurance requirements before** permit will be processed.

Zoning and Code Examination (Not to be filled in by applicant)

PC: _____ CR: _____ ZBA: _____

Type of Sign _____ Size _____ Total Area _____ Square Feet

Setback _____ Height _____ Construction _____ Supports _____

Zoning District _____ 1/4 Section _____ ZC Permit # _____

Remarks:

Admin Fee \$: _____

Sign Permit Fee \$ _____

Zoning Fee \$: _____

Field Inspection \$ _____

Total Fees:

Zoning Approved By: _____
Date

Structural Approved By: _____
Date

PERMIT #: _____

FOR SIGNAGE REFER PERMIT # _____

**CITY OF LIVONIA
INSPECTION DEPARTMENT**



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FIXED AWNING PERMIT APPLICATION

AWNING CONTRACTOR: _____

EMAIL ADDRESS _____

JOB ADDRESS _____

OWNER OF BUILDING _____

OCCUPANT (NAME OF BUSINESS): _____

Number to be erected: _____

Length of Awning: _____ Feet _____ Feet _____ Feet

Length of Awning: _____ Feet _____ Feet _____ Feet

Location On Building: _____

Projection Over Public Sidewalk: _____ Feet

Material of Framework: _____

Under clearance: _____ Feet

Material of Covering: _____

Graphics, Lettering or Signage on Awning YES NO

Projection from Building: _____ Feet

Type of Illumination: _____

Distance from Building to Curb: _____ Feet

APPLICANTS

SIGNATURE/TITLE _____ DATE: _____

NOT TO BE FILLED IN BY APPLICANT

ZONING DISTRICT: _____ SECTION NO. _____ ZG: _____ PC: _____ CR: _____

REMARKS _____

ZONING APPROVED BY: _____ DATE: _____ AWNING PERMIT FEE: \$ _____

STRUCTURAL APPROVED BY: _____ DATE: _____ PLAN REVIEW FEE: _____

ADMIN FEE: _____

TOTAL FEE: _____

CITY OF LIVONIA - INSPECTION DEPARTMENT

33000 Civic Center Drive,

Livonia, MI 48154

734 466-2580 734-466-2095 FAX

PERMIT FOR TEMPORARY PENNANTS/BANNERS/BALLOONS/SEARCH LIGHTS

Permit # _____

Address/Location for Sign/Banner

Business Name

Applicant Name

Telephone # with Area Code

Mailing Address: _____

City/State/Zip Code: _____

PROPOSES TO DISPLAY TEMPORARY: PENNANTS/BANNERS/BALLOONS/SEARCH LIGHTS (**Please circle**)

For # _____ Days

Beginning _____
(enter date)

and Ending _____
(enter date)

Remarks/Wording for banner: _____

GENERAL INSTRUCTIONS — ALL TEMPORARY AND PROMOTIONAL MATERIAL

1. **No temporary, portable, "A" frame or trailer signs are allowed.**
2. **Nothing allowed to be displayed or erected on or in the right-of-way.**
3. **Running, flashing or strobe lights are prohibited.**
4. **Permit allows four (4) weeks (maximum 28 days) per year. Maximum fourteen (14) consecutive days. Each nonconsecutive day requires a new permit.**
5. **Searchlights and balloons are limited to seven (7) consecutive days.**
6. **Maximum four (4) events, of any kind, per year with above conditions.**
7. **Business location must be located in a commercially zoned district, (C-1, C-2, C-3, C-4).**

I HAVE READ ALL THE ABOVE RULES AND REGULATIONS AND UNDERSTAND THAT FAILURE TO ABIDE BY THESE CONDITIONS WILL RESULT IN THE REVOCATION OF THIS PERMIT.

Applicant's Signature: _____ Date _____

NOT TO BE FILLED IN BY APPLICANT

Approved By:

Signature

Date

INSPECTION DEPARTMENT

BUILDING
HEATING
PLUMBING
ELECTRICAL
ZONING
SANITATION
ENVIRONMENTAL PROTECTION
ORDINANCE ENFORCEMENT



DENNIS K. WRIGHT
MAYOR

JEROME A HANNA
DIRECTOR

33000 CIVIC CENTER DRIVE
LIVONIA, MICHIGAN 48154
(734) 466-2580
(734) 466-2095 FAX:

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: _____