

PLAINFIELD CHARTER TOWNSHIP

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TEMPORARY SIGN PERMIT APPLICATION

PROPERTY AND APPLICANT INFORMATION		
LOCATION OF PROPOSED SIGN(S)	ADDRESS:	Parcel No: 41-10 -
BUSINESS NAME	Name:	Zoning District:
BUSINESS OWNER/MANAGER	Name: Address:	Phone: Fax: E-mail
PROPERTY OWNER (if different)	Name: Address:	Phone: Fax: E-mail
SIGN VENDOR/ CONTRACTOR	Contact: Business: Address:	Phone: Fax: Email:

DESCRIPTION OF TEMPORARY SIGN _____

DATES TEMPORARY SIGN WILL BE UP (NOT TO EXCEED 14 DAYS):

START DATE: _____ END DATE: _____

****FAILURE TO REMOVE TEMPORARY SIGN AFTER THE 14 DAY LIMIT**

WILL RESULT IN FORFEITURE OF \$50 DEPOSIT**

**Please include a site plan, which shows the location of the proposed temporary sign.
Location must be approved by community development staff.**

(PLEASE PRINT) I _____ hereby attest that the information in this Sign Permit Application and required attachments is accurate and true to the best of my knowledge.

Applicant's Signature:

Date:



"Rolling Plains and Beautiful Fields"

PLAINFIELD CHARTER TOWNSHIP

COMMUNITY DEVELOPMENT
BUILDING SERVICES

TEMPORARY SIGN DEPOSIT REIMBURSEMENT

DATE: _____ PERMIT # _____ DEPOSIT \$ _____

PAYEE NAME: _____

ADDRESS: _____

JOB: _____

Temporary Sign Deposit will be returned to the person listed above upon completion of the sign being taken down 14 days after issuance of the permit.

Deposit will be forfeited if sign isn't removed until after the 14th day.

OFFICE USE ONLY

Permit number: _____ Date approved: _____

Date of refund: _____ By Inspector: _____

Check number: _____

Authorized Personnel _____
Building Department