

CITY OF MILAN

SIGN APPLICATION

PROJECT NAME:**PROJECT ADDRESS:****Applicant Information:**

Name:

Address:

Phone:

Email:

Owner Information:

Name:

Address:

Phone:

Email:

If the applicant is not the property owner, then a statement from the owner MUST be attached authorizing the application.

Proof of ownership **OR** Statement if applicant is not owner is attached.

If applicant is not the owner, describe applicant's interest in the property

PROPERTY DESCRIPTION

Type of Sign: Temp ____ New ____ Repair ____ Copy ____ Change ____ Other ____ Project Cost _____

Property Frontage (in feet): Bldg. Frontage _____ Bldg. Height _____

Sign Characteristics:

Size: Height _____ Width _____ Depth _____ Number of faces _____

Type: Wall Mounted ____ Ground ____ Awning/Canopy ____ Traffic Directional ____ Marquee ____ Historical ____

Other _____

Illumination: Internal ____ External ____

Zoning Classification(s):

R-1A R-1B R-2 R-3 MHP GB HS D-1 D-2 O IR LI GI Other _____

ADDITIONAL INFORMATION REQUIRED

The following additional information is required to be submitted for the review of all commercial signs (Section 14.140):

1. Location of the building, structure or lot upon which the sign is to be attached or erected;
2. Position of the sign in relation to nearby buildings, structures and property lines (plot plan);
3. Two sets of plans showing the dimensions, materials, method of construction and attachment to the building or in ground;
4. Copies of stress sheets and calculations, if deemed necessary by the Building Official, showing the structure as designed for dead load and wind pressure;
5. Information concerning required electrical connections;
6. Insurance policy or bond, as required: and
7. Other information as required by the Building/Zoning Official to make the determination that the sign is in compliance with all applicable laws and regulations.

AUTHORIZED SIGNATURE

I hereby state that all of the above statements and all of the accompanying information are true and correct. The Applicant shall attach hereto all information required by the Zoning Ordinance, or any information requested, and may include any additional information that they believe will assist in reaching an equitable decision.

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Application Received Date: _____

Fee Received: Cash Check # _____

Sign complies with requirements: Yes _____ No _____ If no, explain _____

Variance Requirements:

Variance request from Requirements in Section : _____

Describe Variance: _____

ZBA: Approved _____ Not Approved _____ Date: _____

Notification of approval/denial was forwarded to the Applicant on (date): _____

Building/Zoning Official Signature: