



ONLY ONE SIGN PER APPLICATION
\$200.00 PER SIGN REVIEW
\$50.00 FOR A PANEL INSERT

Planning and Zoning Department
47275 Sugarbush
Chesterfield Township, MI 48047
Phone: (586) 949-0400
Fax: (586) 949-0405
www.chesterfieldtp.org

Sign Review
Application Form

Office Use
Application # _____ Date Received _____ Review Fee _____ Receipt # _____

I. TYPE OF REQUEST

- PERMANENT SIGN, LIGHTING, OUTDOOR ADVERTISING SIGNS, WALL SIGN, AWNING/CANOPY SIGNS, FREESTANDING SIGN, ELECTRONIC MESSAGE SIGNS, TENANT PANEL, DRIVEWAY SIGNS, OTHER

ELECTRICAL PERMITS ARE REQUIRED FOR ANY SIGNS WITH LIGHTING.

II. APPLICANT (ONLY ONE SIGN PER APPLICATION)

APPLICANT'S NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
EMAIL _____ PHONE _____

III. PROPERTY INFORMATION

BUSINESS/DEVELOPMENT NAME _____
BUSINESS/DEVELOPMENT ADDRESS _____
PARCEL # _____
BUSINESS/DEVELOPMENT [] COMMERCIAL - TYPE [] OFFICE - TYPE [] INDUSTRIAL - TYPE [] OTHER
SHOPPING CENTER NAME _____

IV. REQUEST DETAIL DIMENSIONS (LENGTH BY WIDTH)

PROPOSED SIGN AREA (SQ FT) _____ HEIGHT (FT) _____ BLDG LINEAL FT _____

V. SIGNATURE (This application form must be signed by either the applicant and/or legal owner of property)

The undersigned deposes that the foregoing statements and answers and accompanied information are true and correct.

SIGNATURE OF APPLICANT/OWNER _____ PRINT/TYPE NAME OF APPLICANT/OWNER _____

- A BUILDING PERMIT AND ELECTRIC PERMIT IS REQUIRED AFTER APPROVAL
ALL SIGNS MUST HAVE 6" ADDRESS IN CONTRASTING COLOR LOCATED ON THEM



Planning and Zoning Department
47275 Sugarbush
Chesterfield Township, MI 48047
Phone: (586) 949-0400
Fax: (586) 949-0405
www.chesterfieldtp.org

APPLICANT INFORMATION FORM

Office Use
Application # _____ Date Received _____
Copy of driver's license attached?
 YES NO

I. TYPE OF APPLICATION

- Site Plan, Special Land Use, Planned Unit Development, Rezoning, Condominium Subdivision, Zoning Board of Appeals, Sign Permit, Subdivision, Tree Permit

II. APPLICANT INFORMATION

APPLICANT'S NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL _____
DRIVERS LICENSE OR STATE ID NUMBER _____

III. SIGNATURE

The undersigned deposes that the foregoing statements and answers and accompanied information are true and correct.

SIGNATURE OF APPLICANT

(Print/type name of applicant)



Planning and Zoning Department
47275 Sugarbush
Chesterfield Township, MI 48047
Phone: (586) 949-0400
Fax: (586) 949-0405
www.chesterfieldtwp.org

All sign applications shall be accompanied by a sign drawing and site plan illustrating the location of the sign on the plan. The following information shall be provided:

- 1) A scaled plan showing the location of the sign and all structures located within one hundred (100) feet of the sign, both on and off the site.
2) The location of the sign in relation to all existing and proposed streets, parking areas, and site entrances within one hundred (100) feet. (Including existing signs)
3) A scaled drawing of the proposed sign specifying the height of the sign above the ground, the surface area and material of the sign, the lettering as it will appear on the sign, method of illumination, and any other information as the Planning Administrator deems necessary to the understanding of the requested application. (See Example on next page)
4) If submitting color drawings, you must submit 2 copies. NOTE: ALL INFORMATION ON THE FRONT OF THE APPLICATION MUST BE COMPLETED INCLUDING ZONING DISTRICT. IF ANY PART IS INCOMPLETE, APPLICATION WILL BE RETURNED TO SENDER.
5) Pay \$200.00 per sign, 1 sign per application for reviews by the Planning Director. If one zoning lot includes more than 5 signs, then \$200 each for the first 5 signs, and \$175 each after the first 5 signs. \$85 for each additional sign type – temporary, window, etc.

ALL PERMANENT SIGNAGES MUST BE APPROVED BY THE PLANNING DEPARTMENT – PRIOR TO APPLYING FOR PERMITS WITH THE BUILDING DEPARTMENT, TO ENSURE IT OBEYS THE TOWNSHIP ORDINANCE.

Date: _____

Applicant or Owner Signature

Owner Signature (If Ground Sign Application)

ALL APPROVED APPLICATIONS MUST BE SUBMITTED TO THE BUILDING DEPARTMENT FOR ISSUANCE OF A BUILDING PERMIT



Planning and Zoning Department
47275 Sugarbush
Chesterfield Township, MI 48047
Phone: (586) 949-0400
Fax: (586) 949-0405
www.chesterfieldtwp.org

SIGN AFFIDAVIT FOR:

Address: _____

Name of Business: _____

I, _____, acknowledge that I understand that Chesterfield Township adopted a new Sign Ordinance September 22, 2020 which requires all existing signage to conform to the requirements of the adopted ordinance by March 30, 2027

I also acknowledge that if I resurface and/or install new signage that DOES NOT conform to the new ordinance at this time, I am doing so with the understanding that the new signage or changes to existing signage shall conform by March 30, 2027 and any costs I incur at this time I do so willingly.

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

Signature of Owner

Subscribed and sworn before me on this _____ day of _____, _____
Notary Public, _____ County, Michigan _____
My Commission Expires: _____