



CITY OF DEARBORN

PERMIT & PLAN REVIEW OFFICE
 16901 Michigan, Suite 6, Dearborn, MI 48126
 (313) 943-2442

FOR OFFICE USE ONLY
PERMIT NO.
DATE

TEMPORARY SIGNS AND DECORATIONS- PERMIT APPLICATION

PERMIT SITE ADDRESS- INCLUDE SUITE NUMBER

ZIP CODE

1. INSTRUCTIONS:

- Complete, accurate and legible information must be provided in every box: Write "N.A." if question does not apply
- Only (2) temporary signs or decorations may be displayed at a site at any time. Only (1) of the (2) may be a temporary inflatable decoration. A temporary decoration with wording on it counts as (1) sign and (1) decoration
- The total area of all temporary signs shall not exceed 10% of the wall face and may not be placed over windows or doors.
- Submit (3) copies of documents which adequately describe the proposed work, including:
 - a) An accurate site plan showing location of a temporary decoration in relation to structures and property lines
 - b) Clear dimensioned elevations showing an accurate graphic representation and location of proposed sign or decoration. City ordinance requires that temporary signs be attached to the wall of the building (not hanging off an awning or attached to an existing ground sign). Roof signs are prohibited
 - c) Submit (3) copies of the flame spread certificate for any large temporary inflatable decoration
 - d) Clearly show and/or describe the method of attachment for temporary signs and method of anchorage or attachment for temporary decorations. Temporary signs or decorations shall not constitute a safety hazard of any kind
Anchorage details for large inflatable decorations may require architect or engineer's stamp
- The property owner's signature consent must be presented—or present a copy of the lease agreement which explicitly assigns the authority to have signs installed to the tenant
- Time limits for temporary signs and decorations are strictly enforced (see box 11)
- It is the applicant's responsibility to ensure that all required information is provided and that the work proposed herein complies with all code and ordinance requirements. Failure to do so will result in undue delay

2. TYPE OF INSTALLATION (CHECK ONE):

- Temporary Sign
- Temporary Decoration
- Temporary Decoration with Wording on it

3. IF TEMPORARY SIGN, STATE WORDING:

4. DIMENSIONS OF TEMPORARY SIGN or DECORATION

length x height: _____ x _____
 Note: Decorations cannot exceed the maximum allowed height for the district (see article 29.02 of Zoning Ordinance)

5. IF WORDING INCLUDES NON-ENGLISH SCRIPT, PROVIDE ENGLISH TRANSLATION HERE:

6. DISTANCE FROM GRADE TO BOTTOM EDGE OF SIGN:

7. PRIMARY MATERIAL OF SIGN/DECORATION:

8. IF TEMPORARY DECORATION, DESCRIBE:

Note: Displays which move or have moving parts are strictly prohibited

9. TYPE OF TEMPORARY SIGN or DECORATION (check one):

- Grand Opening/New Management/Going Out of Business or similar nature: **45 Days** (\$45)
- Special Promotion/ Special Sale: **14 days** (limited to 4 times per year with min. 30 days between) (\$45)
- Non-Profit, Community or Charitable Event: **30 days** (\$45)
- Signs with copy that reads "For Sale" or "For Lease": **180 days** (\$45)
- Temporary Decoration: **30 days** (limited to 4 times per year with minimum 30 days between) (\$45)
- Temporary Decoration *with Wording*: **30 days** (limited to 4 times per year with minimum 30 days between) (\$90)

10. DESCRIBE METHOD OF ATTACHMENT:

11. REQUESTED DISPLAY TIME:

Start date: _____

End date: _____

12. IF DECORATION HAS ILLUMINATION, PROVIDE UL NUMBER:

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PROPERTY OWNER INFORMATION/AFFIDAVIT	
13. I do hereby certify that I am the owner and/or authorized agent of the property herein described as (PRINT SITE ADDRESS) _____ and that I have given the applicant herein named permission to perform the work described in this application.	
14. PROPERTY OWNER NAME (PRINT)	15. If company name, print authorized agent's name
16. PROPERTY OWNER'S ADDRESS	17. CITY/STATE/ZIP
18. PHONE NUMBER	19. EMAIL ADDRESS (optional)
20. SIGNATURE OF PROPERTY OWNER/AUTHORIZED AGENT	21. DATE

NOTARIZED APPLICANT INFORMATION/AFFIDAVIT	
22. NAME (PRINT)	23. DATE OF BIRTH
24. ADDRESS	25. DRIVER'S LICENSE OR STATE ID NUMBER AND EXPIRATION DATE
26. CITY/ STATE/ ZIP	27. PHONE NUMBER
I affirm that the information provided in this application and the accompanying drawings which are a part of this application, is accurate. Application is hereby made for a permit to perform the work described in this application and the accompanying drawings which are a part of this application. The acceptance of the permit shall constitute an agreement to abide by all codes and ordinances adopted and enacted by the City of Dearborn. The City may remove or cause to be removed any and all temporary signs and/or decorations that are displayed past the permitted time period.	
28. SIGNATURE OF APPLICANT	29. DATE
30. NOTARIZATION: Subscribed and sworn to before me this _____ day of _____, _____ _____ (signature) Notary Public, _____ County, Michigan. _____ My commission expires _____ (Notary printed name)	

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PLAN INTAKE CHECKLIST: 1. Application is legible and complete with owner's signature & a reachable phone number <input type="checkbox"/> YES <input type="checkbox"/> NO 2. (3) copies of site plan and other plans are legible, elevations are clear, complete with dimensions <input type="checkbox"/> YES <input type="checkbox"/> NO 3. (3) copies of flame spread certificate for large inflatable <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N.A 4. (3) copies of signed/sealed anchorage/attachment detail for large inflatable <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N.A		
_____ Intake Technician		
<input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED AS NOTED Additional Comments: _____ Plan reviewer _____ Date	Plan reviewer: write total number of signs, types and sizes:	PLAN REVIEW FEE Non-Refundable \$ 15.00
		Administrative Fee Non-Refundable \$ 40.00
		PERMIT FEE \$
		PENALTY FEE \$
		PAY THIS AMOUNT \$