

DATE _____

APPROVED ___ DENIED ___

Zoning Enforcement Officer

Township Clerk

RUDYARD TOWNSHIP
SIGN APPLICATION

Name of Applicant: _____

Business name _____

Address _____

Location for the Sign: _____

Reason for Sign: _____

Phone: _____

Are you the owner of the business? ___ Yes ___ No

On the Back of this form or an additional sheet of paper include:

- Drawing of sign, wording, graphics, and location.
- Please include detail of size and material to be used.
- Pictures are very helpful if available.

Owner

Date