



7110 West Q Ave
Kalamazoo, MI 49009
P: 269-375-1591
F: 269-375-0791
www.texastownship.org

SIGN PERMIT APPLICATION

Sign Permits are reviewed by the Zoning Administrator. If you have questions about the status of your application, you may contact the Zoning Administrator at 269.548.4305. For more information about sign requirements, please review section 36-5.8 of our ClearZoning Ordinance.

APPLICANT INFORMATION

Applicant Name: _____

Email: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

PARCEL INFORMATION

Subject Parcel Number: 3909- _____ - _____ - _____

Subject Parcel Street Address: _____

Current Zoning Classification: _____ Present Use of Property: _____

LEGAL OWNER INFORMATION

Legal Owner of Parcel: _____

Legal Owner's Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Above legal owner has consented to this application? Yes: _____ No: _____

SIGN INFORMATION

Please complete subsection A, B or C depending on the type of sign you would like to install.

A. PERMANENT FREESTANDING SIGNS

Type: Pylon Ground Replacement Face Only

Purpose: Multi-Tenant ID Building ID Subdivision ID

Sign Face Area: _____

Height Above Grade: _____

Updated March 2023



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Frame/Structure Area: _____

Internal Illumination: Yes No External Illumination: Yes No

Type & Depth of Footings: _____

Additional Required Information:

1. A scaled site plan showing placement of existing and proposed sign(s). Please include location, setback from right-of-way, and setback from the nearest side property line.
2. A scaled drawing/picture showing new sign structure and sign face(s) including all dimensions, materials, lighting specifications, footing details, and total sign height.

B. PERMANENT WALL & WINDOW SIGNS

Purpose: Tenant ID Building ID

Sign Face Area: _____

Height Above Grade: _____

Linear Feet of Wall: _____

Window Area (For Window Signs): _____

Internal Illumination: Yes No External Illumination: Yes No

Additional Required Information:

1. A scaled elevation drawing showing location of existing and proposed sign(s) including wall dimensions, window dimensions (for window signs) and sign height(s).
2. A scaled drawing/picture showing new sign/sign face, materials, lighting specifications, dimensions, and attachment details.

C. TEMPORARY SIGNS

Purpose: Grand Opening Special Event Construction Other

Sign Dimensions: _____ X _____

Quantity: _____

Sign Type: Banner PVC Yard Sign Other _____

Location of Sign(s): _____

Installation Date: _____

Removal Date: _____

FEE SCHEDULE

Permanent Signs: \$75 per application & \$25 per sign

Sign Face Replacement: \$25 per sign

Temporary Signs: No charge (approval required)



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SIGN PERMIT AND INSPECTION REMINDERS

1. Sealed construction plans are required by the Building Department for pylon signs.
2. A footing inspection is required for all new pylon signs. Contact the Building Department at 269.375.1591 to schedule an inspection.
3. An electrical permit from the Building Department is required for illuminated signs.
4. A setback inspection is required for new ground and pylon signs. Contact the Planning Department at 269.375.1591 to schedule an inspection.
5. Submission of the Confirmation of Code Compliance Form is required for new signs.
6. For more information about our sign regulations, please review Section 36-5.8 of our ClearZoning Ordinance.
7. Remember to call Miss Dig prior to installation!

AUTHORIZATION & SIGNATURE

Applicant Name: _____

Applicant Signature: _____

If installing a sign on property owned by another individual, their signature is required below:

Property Owner Name: _____

Property Owner Signature: _____

Date: _____

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE ORDINANCES OF THE CHARTER TOWNSHIP OF TEXAS. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

OFFICE USE ONLY

Date Received: _____

Fee Paid: _____ **Check #:** _____

Texas Township Reviews

Planning/Zoning Date: _____ Initials: _____

Building Dept. Date: _____ Initials: _____