

**KEARNEY TOWNSHIP**  
**SIGN PERMIT APPLICATION**

**Complete the entire application. Incomplete applications will be returned.**

**Please include one (1) copy of the plans/specifications of the sign(s).**

**Please deliver completed application, plans/specifications, and applicable fee to the Kearney Township Zoning Administrator.**

**Mail: P.O. Box 51, Bellaire, MI 49615**

**Drop Box: 4820 Aero Park Drive, Bellaire, MI**

**Email: [kearneytwpza@gmail.com](mailto:kearneytwpza@gmail.com)**

**Application Fee: \$50.00 (flat fee per parcel number)**

**Please note: Your application will not be reviewed until receipt of the Application Fee. Fees are non refundable.  
A copy of the sign ordinance may be obtained from the Township Clerk or can be found on the website at kearneytownship.org.**

**Questions, please contact:**

**Dan Hiltz, Zoning Administrator**

**Office: (231) 533-5719, Ext. 5**

**Fax: (231) 533-5290**

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**KEARNEY TOWNSHIP  
SIGN PERMIT APPLICATION**

**Applicant's Name:** \_\_\_\_\_

Address (include P.O. Box, if any): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #(s): \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant's interest in property, if not the owner: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

**Owner's Name** (if different from Applicant): \_\_\_\_\_

Address (include P.O. Box, if any): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Telephone #(s): \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

\*\*\*\*\*

**Name of Person/Entity hired to install sign(s):** \_\_\_\_\_

Address (include P.O. Box, if any): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #(s): \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

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**Location of Proposed Sign(s):**

**Address:** \_\_\_\_\_

**Parcel #:** \_\_\_\_\_

**Zoning District:** \_\_\_\_\_

Plan(s) and Specifications should include the following information (additional information can be included next to each item if not in the plans/specifications):

Dimensions: \_\_\_\_\_

Height of Sign (from ground level): \_\_\_\_\_

Square footage: \_\_\_\_\_

Location of Sign relative to buildings on the same parcel: \_\_\_\_\_

Location of Sign relative to Property Lines/Rights-of-way including distances to each:

\_\_\_\_\_

Lighting, please specify whether sign will be lit: \_\_\_\_\_

Materials to be used to construct sign: \_\_\_\_\_

Method of Construction: \_\_\_\_\_

Position of Sign (in ground or attached to a building): \_\_\_\_\_

Any additional information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note the following:

- External lighting must be directed down only:
  - A shield on the top is required.
  - Side shields may be necessary if the lighting will glare into the road or adjacent property.
- If the sign is located in or near a wetland area:
  - Contact the Soil Erosion Officer, Antrim County Construction Code Dept.,  
203 E. Cayuga, P.O. Box 188, Bellaire, MI 49615  
(231) 533-8373  
[soilerosion@antrimcountymi.gov](mailto:soilerosion@antrimcountymi.gov)
- A seal or certificate of a registered structural or civil engineer may be required.

**Authorization:**

I hereby agree to comply with the provisions of the Kearney Township Zoning Ordinance. I certify that I am the owner of this property, or have been authorized by the property owner, to act as the owner's agent, in submitting this application. I affirm that the information provided in this application is accurate and complete. If any information changes, I agree to inform the Zoning Administrator prior to installation of the sign(s). In addition, I authorize and grant permission to the Zoning Administrator to access the subject property for purposes of evaluating this application.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature (if not owner)

\_\_\_\_\_  
Date

DO NOT WRITE BELOW THIS LINE

**Fee Receipt Information and Disposition of Application:**

Application Fee: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied: Reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Township Zoning Administrator

Date: \_\_\_\_\_