



**CITY OF MANCHESTER**

912 CITY ROAD  
MANCHESTER, MI 48158  
(734) 428-7877 FAX: (734) 428-1877

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**TEMPORARY SIGN PERMIT APPLICATION**

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

**APPLICANT IDENTIFICATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Business Name: \_\_\_\_\_ Email: \_\_\_\_\_

**REQUIRED DRAWING:**

A scaled drawing must be attached to this application. The drawing must indicate the location for the sign, the dimensions of the sign, and photo of the proposed sign.

**DESCRIPTION OF PROPOSED SIGN:**

Before completing this portion of the application, review the sign ordinance in order to meet the requirements for portable signs.

Type of Sign:             Sandwich Board     Easel             Banner

Size of Sign:            Height \_\_\_\_\_    Width \_\_\_\_\_

**INSURANCE REQUIRMENTS:**

A certificate of insurance coverage naming the Village of Manchester as an additional insured party in the amount of at least one million dollars (\$1,000,000.00) for public liability and property damage associated with the use and placement of the sign must be filed with the Zoning Administrator, if the portable sign is to be placed in the public right-of-way.

**APPLICANT'S STATEMENT:**

To the fullest extent permitted by law, the undersign agrees to defend, pay in behalf of, indemnify, and hold harmless the Village of Manchester, its elected and appointed officials, employees, volunteers, and other working on behalf of the Village of Manchester, against all claims, demands, suits, or loss, including all costs connected therewith, and for any damages, which may be asserted, claimed, or recovered against or from the Village of Manchester, its elected and appointed officials, employees, volunteers, and others working on behalf of the Village of Manchester, by reason of personal injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this agreement. By signing this application, I grant permission to Village personnel to enter upon property as described for review purposes.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only:**

Fee \$ 50.00      Date Received: \_\_\_\_\_      Received by: \_\_\_\_\_

Certificate of Insurance Received

Signature of Zoning Administrator: \_\_\_\_\_      Date: \_\_\_\_\_

Zoning Approval:       Approved       Rejected

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_