

## CITY OF FLINT CERTIFICATE OF ZONING COMPLIANCE FOR SIGNS

Date:
Application #
Review Fee
Review Fee

## Applicant Information:

Name:	Email Address:			
Street Address:	City:	State	Zip	
Phone:	Cell:	Fax:		
Property Owner:				
Name:	Email Address:			
Street Address:	City:	State	Zip	
Phone:	Cell:	Fax:		
Site Information:				
Site Address:				
Parcel # (s)		Zoning classification(s)		
Current use of site/structure _				
Proposed Sign - Type				
attachment/installation. Additional information for sign dimensions and setbacks. In case of any false statement or	of sign, lower/upper height from g s not attached to building: 1. Genera misrepresentation of fact on the appli e issued thereto shall be deemed null &	al plot plan including sign loca	ation, lot and building	
	, and those on the attached site sketch and p accordance with this certificate. Further, I a pection.			
Signature of Applicant	Print/type name		Date	
***ALL	OF THE ABOVE INFORMATIC	N IS REQUIRED***		
I haraby partify that I have revi	<u>OFFICIAL USE ONL</u> ewed the plans for the purpose of zo		for construction	
Zoning Compliance Certificate			Denied	
• •	al:			
		Detr		
Zoning Official		Date		