



**CITY OF ROCKWOOD
32409 FORT STREET
ROCKWOOD, MICHIGAN 48173
PHONE 734 379-9496 FAX 734 379-9270**

A-FRAME OR SANDWICH SIGN PERMIT APPLICATION

Date: _____

Applicant Name: _____

Address: _____

Phone Number: _____

Purpose of Sign(s): _____

Number Per Lot: 1

Maximum Size: 2 Feet

Maximum Height: 4 Feet

Set Back Required: 1 Foot

Permitted in Districts: B-1, B-2 and B-3 Districts

Fee: \$30.00

Specific location of placement of sign:

Misc. Information: _____

Signature: _____