



**Frenchtown Charter Township
 Planning Commission
 2744 Vivian Road
 Monroe, MI 48162
 734-242-5900**

SIGN ORDINANCE WAIVER APPLICATION

Applicant must provide: **10 copies** of the signage drawings, **10 copies** of the application, **email** drawings and application, fees, escrow deposit, and all relative documents at least **5 weeks** prior to the next regularly scheduled meeting of the Planning Commission.

Section 25.12 WAIVER PROCESS The Planning Commission shall have the ability to waive or modify any of the standards in this chapter, provided that the following criteria are met. A waiver granted under this section shall apply for only the lifespan of the sign in question and shall not be transferable to any other sign or lot.

Section 25.12(a) The applicant provides all requested information and pays all applicable application and review fees, to be determined by the Township Board.

Section 25.12(b) The proposed sign does not endanger the public health, safety, and welfare by virtue of being distracting to drivers, obscuring vision, being unnecessarily bright, being designed or constructed poorly, or in any other way.

Section 25.12(c) The design of the sign is consistent with character of the surrounding area.

Section 25.12(d) The sign does not block the view of other nearby signs to the extent that it would harm the ability of neighboring businesses to operate.

Section 25.12(e) The sign will not be a nuisance to any residential uses.

Section 25.12(f) A sign designed to meet the standards of the Ordinance would not adequately serve the purpose desired by the applicant. Amended November 10, 2016, by Zoning Ordinance Amendment No. 200-125.

DATE _____	PROJECT ADDRESS _____
PROJECT PARCEL ID _____	

APPLICANT INFORMATION

Name:

Address:

City:

State:

Zip:

Phone:

Cell:

Email:

PROPERTY OWNER INFORMATION

Name:

Address:

City:

State:

Zip:

Phone:

Cell:

Email:

PROPERTY DESCRIPTION

Zoning Classification:

What Section of the Sign Ordinance are you requesting a waiver from?

Please describe your requested signage, and why it requires a waiver:

Are you being represented by an Attorney? Yes _____ No _____

Name of Attorney: _____

Address: _____

Telephone #: _____

Will your attorney be present at the Planning Commission Meeting? Yes _____ No _____

ATTACH THE FOLLOWING:

1. **10** hard copies of the signage drawing. Please also provide an electronic copy via email to Kmcintyre@frenchtownmi.gov
2. One check to establish an escrow account with a beginning balance of **\$500**, for the Township Planner review fees. Any money left over at the end of the process will be refunded to the applicant.
3. One check in the amount of **\$150** – for the Planning Commission.

PLEASE NOTE: The applicant or a designated representative **MUST BE PRESENT** at all scheduled review meetings or the sign waiver may be tabled due to lack of representation.

Failure to provide true and accurate information on this application shall provide sufficient grounds to deny approval of a waiver application or to revoke any permits granted subsequent to waiver approval.

Please note that the requested waiver is not a variance as defined in the Michigan Zoning Enabling Act. If granted, the waiver will only be in force for the lifespan of the sign in question.

APPLICANT'S ENDORSEMENT

All information contained herein is true and accurate to the best of my knowledge. I acknowledge that the Planning Commission will not review my application unless all information required in this application and the Zoning Ordinance have been submitted. I further acknowledge that the Township and its employees or agents shall not be held liable for any claims that may arise as a result of acceptance, processing, or approval of this application.

Signature of Applicant

Date

Signature of Property Owner

Date *Updated 12.26.19*