

PERMIT #: _____

FOR SIGNAGE REFER PERMIT # _____



FIXED AWNING PERMIT APPLICATION
CITY OF LIVONIA – BUILDING INSPECTION
33000 CIVIC CENTER DRIVE
LIVONIA, MI 48154
(734) 466-2580



AWNING CONTRACTOR: _____

EMAIL ADDRESS _____

JOB ADDRESS _____

OWNER OF BUILDING _____

OCCUPANT (NAME OF BUSINESS): _____

Number to be erected: _____

Length of Awning: _____ Feet _____ Feet _____ Feet

Length of Awning: _____ Feet _____ Feet _____ Feet

Location on Building: _____

Projection Over Public Sidewalk: _____ Feet

Material of Framework: _____

Under clearance: _____ Feet

Material of Covering: _____

Graphics, Lettering or Signage on Awning YES NO

Projection from Building: _____ Feet

Type of Illumination: _____

Distance from Building to Curb: _____ Feet

APPLICANTS SIGNATURE/TITLE _____ DATE: _____

NOT TO BE FILLED IN BY APPLICANT

ZONING DISTRICT: _____ SECTION NO. _____ ZG: _____ PC: _____ CR: _____

REMARKS _____

ZONING APPROVED BY: _____ DATE: _____ AWNING PERMIT FEE: \$ _____

STRUCTURAL APPROVED BY: _____ DATE: _____ PLAN REVIEW FEE: \$ _____

ADMIN FEE: \$ _____

TOTAL FEE: \$ _____