

**CITY OF CHEBOYGAN, MICHIGAN
SIGN PERMIT APPLICATION DENIAL**

For Parcel I.D. No: 16-____-____-____-____-____

Permit/Application No. _____

Property Address: _____

Property Description: _____

(applicant)

(address)

(city, state, zip code)

(telephone – home and business)

fax number

PROPERTY OWNER'S NAME AND ADDRESS

(if not the applicant)

(name)

(address)

(city, state, zip code)

(telephone – home & business)

(fax number)

Your Sign Permit Application (attached) has been denied for the following reason(s):

You may appeal this to the Zoning Board of Appeals by completion of the attached Demand for Appeal form. The Zoning Board of Appeals next meets on Wednesday, _____, 20____, at 7:00 p.m. in the City Council Chambers. You must have the required Appeal Form, appeals fee and any required documentation turned into the City of Cheboygan Zoning Administrator's office **no later than 21 days prior to the above meeting date** in order to be placed on the agenda for the Zoning Board of Appeals meeting.

Signed: _____
City of Cheboygan Zoning Administrator

Date: _____

(If you have any questions, please contact the Zoning Administrator's office at 231-627-9931.)