



# VILLAGE OF MANCHESTER

912 CITY ROAD P.O. BOX 485  
MANCHESTER, MI 48158  
(734) 428-7877 FAX: (734) 428-1877  
WWW.VIL-MANCHESTER.ORG

## CIVIC AND CHARITABLE ACTIVITY SIGN PERMIT

Application Date: \_\_\_\_\_

Temporary signs used for public demonstrations or promotions of civic and/or charitable purposes, on which there is no commercial advertising, may be erected in the public right-of-way with permission of the Village Zoning Administrator, provided the Village is held harmless and blameless for any damages or injury resulting there from.

### APPLICANT IDENTIFICATION:

Applicant/Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Sponsoring Association/Group (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### DESCRIPTION OF PROPOSED SIGN:

Before completing this portion of the application, review the sign ordinance in order to meet the requirements for portable signs. A scaled drawing, photo of the sign with dimensions and location is required.

Type of Sign:             Sandwich Board     Easel             Banner

Size of Sign:            Height \_\_\_\_\_    Width \_\_\_\_\_

Location of Sign: \_\_\_\_\_

Description of Event and Purpose for Sign: \_\_\_\_\_

Dates of the Event: \_\_\_\_\_

### APPLICANT'S STATEMENT:

To the fullest extent permitted by law, the undersigned agrees to defend, pay in behalf of, indemnify, and hold harmless the Village of Manchester, its elected and appointed officials, employees, volunteers, and other working on behalf of the Village of Manchester, against all claims, demands, suits, or loss, including all costs connected therewith, and for any damages, which may be asserted, claimed, or recovered against or from the Village of Manchester, its elected and appointed officials, employees, volunteers, and others working on behalf of the Village of Manchester, by reason of personal injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this agreement. In signing this permit, the applicant understands that any and all risk associated with the use and placement of the sign is assumed by the applicant and/or the Association/Organization.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Association: \_\_\_\_\_

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**For Office Use Only:**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Signature of Zoning Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Approval:      Approved      Rejected

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_