

**APPLICATION FOR THOMAS TOWNSHIP
SIGN BOARD OF APPEALS**

249 N. Miller Road
Saginaw, Michigan 48609
(989) 781-0150 FAX (989) 781-0290
www.thomastwp.org

Office Use Only:

SIGN BOARD OF APPEALS		
Date Filed: _____	Amount Paid \$: _____	Hearing Date: _____

Fee Per Hearing \$325.00

Name: _____

Address: _____

Phone Number (Home): _____ (Work): _____

Signature: _____ Date: _____

Provide the legal description of the property affected

Tax Identification Number: _____

Current Owner of Property if different than Applicant

Name: _____

Address: _____

Phone Number (Home): _____ (Work): _____

Signature: _____ Date: _____

Variance Information

Variance to Section No.(s): _____

Explain the variance request completely: _____

Background Information Provided

Pictures of sign attached: (YES) (NO) Drawings of proposed change attached: (YES) (NO)

*This application must be filled out completely and returned to the Community Development Department
no less than 30 days prior to a scheduled Sign Board of Appeals Meeting*

SEE BACK OF APPLICATION

