

**PARKING SIGN APPLICATION \*\*\***

**WRIGHT TOWNSHIP  
P.O. BOX 255 MARNE, MI 49435**

Name of Property Owner \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Parcel Information: Permanent Parcel Number: 70-06-\_\_\_\_\_

Address of Parcel: \_\_\_\_\_

Description of type, size, number, verbiage and location of the requested signage: (attach separate sheet if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree the statements made above are true, and if found not to be true, this Application and any approval will be void.

Property Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Before final Township approval can be given, proof of Ottawa County Road Commission approval and any conditions on that approval for the requested signage as listed above must be provided to the Township.

FOR TOWNSHIP USE ONLY:

\_\_\_\_\_ APPROVAL BY OCRC  
\_\_\_\_\_ Approved by Township: Conditions, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Denied by Township: Reasons: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form along with only applicable fee or illustrations must be submitted to the Clerk. Also to be placed on the Township agenda for consideration, contact the Supervisor by the first day of the month that you wish to be considered by the Board.**