



# City of St. Clair Shores

## Petition to Appear- Sign Arbitration Committee

City Clerk's Office  
27600 Jefferson Circle Drive  
St. Clair Shores, MI 48081

Phone: (586) 447-3303  
Fax: (586) 445-0469  
marya@scsmi.net

Date \_\_\_\_\_

Amount Paid \_\_\_\_\_

Please Circle One: **Temporary Sign**    **Permanent Sign**                      **Account # 101 101 630-006**

The petitioner listed below, having been previously denied a sign permit, requests to appeal this decision to the **Sign Arbitration Committee**, pursuant to City ordinance # \_\_\_\_\_, as amended 2/91.

Please print or type

Sign Type \_\_\_\_\_  
Name of petitioner \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Name of Business/Organization \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Please State Reason(s) For Denial \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any and all items you feel the sign arbitration committee should consider when reviewing your request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hardship Reason for Appeal Request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(it is recommended that the petitioner furnish drawings, photographs, etc. to support the request being submitted)

- The petitioner, as affirmed by the signature below, understands and agrees with the following:
1. A non-refundable fee (\$25.00) is charged for appeals to the Sign Arbitration Committee.
  2. Petitioner may appeal an unfavorable decision by the Sign Arbitration Committee to the City Council. An additional fee of \$25.00 is required for this appeal.
  3. Petitioner has reviewed all ordinances pertaining to signs, and fully understands reason(s) for original denial.
  4. Petitioner will be notified within 10 business days from date of application as to when and where an appeals meeting will be held. Failure to appear will result in automatic denial and forfeit of fee.

**Petitioner's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_