



SIGN PERMIT APPLICATION

Community Development Department

4401 Xylon Avenue North, New Hope, MN 55428 763- 531-5127

Job Address: Use for up to two permanent signs and one special event sign.		
Owner	Address (City, State, Zip)	Phone Cell
Sign Contractor	Address (City, State, Zip)	Phone Cell Fax
Business Advertising	Signs authorized by building owner? Is this sign on a multiple occupant building?	Number of ground signs Number of wall signs
Sign Message:		
NOTE: INDICATE EXACT DIMENSIONS FOR EACH PERMANENT SIGN APPLIED FOR!	PROVIDE PROPERTY LINE SIGN SETBACK FOR GROUND SIGNS!	Special Event ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th
"PERMANENT"	"PERMANENT"	"SPECIAL EVENT"
1. Scale drawing is required. 2. Check sign type: Wall ___ Ground ___ 3. Setback on Ground Sign _____ 4. Sign Material: _____ 5. Is sign being refaced? Yes ___ No ___ 6. Illuminated? Yes ___ No ___ 7. _____ x _____ = Sq. Feet _____ 8. Call for FINAL within 14 days! <div style="text-align: center;">\$ 100.00</div>	1. Scale drawing is required. 2. Check sign type: Wall ___ Ground ___ 3. Setback on Ground Sign _____ 4. Sign Material: _____ 5. Is sign being refaced? Yes ___ No ___ 6. Illuminated? Yes ___ No ___ 7. _____ x _____ = Sq. Feet _____ 8. Call for FINAL within 14 days! <div style="text-align: center;">\$ 100.00</div>	Maximum sign area 40 square feet 1. State event dates: _____ to _____ MAXIMUM 10 DAYS - 5 EVENTS PER CALENDAR YEAR! 2. Describe Event: _____ _____ 3. Sign Type/s: _____ _____ REMOVE SIGN BY MORNING AFTER FINAL DATE: <div style="text-align: center;">\$ 50.00</div>
Contractor Signature: _____		Date of Application: _____
Staff Approval: _____		Date of Approval: _____
Conditions (FOR STAFF USE ONLY):		
3/08 G:BOFILES\PERMITS\SIGNAP08 Visa/Mastercard: _____ Expiration Date: ___/___ Name (print): _____ Signature: _____ Billing Address: _____		