



SIGN PERMIT APPLICATION

Temporary & Permanent

APPLICANT INFORMATION

Business/Organization Name:		
Contact Name:	Cell Phone:	
Business Phone:	Email Address:	
Mailing address:		
City:	State:	ZIP Code:

SIGN LOCATION

Street Address:	
Property Owner:	
Parcel ID:	Zoning Classification:
Sketch of sign location on property (please indicate surrounding streets, sidewalks, parking lots and buildings):	

SIGN CHARACTERISTICS

Check all that apply.

<input type="checkbox"/> On Premise <input type="checkbox"/> Off Premise <input type="checkbox"/> Dynamic Display	<input type="checkbox"/> Freestanding Monument <input type="checkbox"/> Freestanding Pylon <input type="checkbox"/> Wall Mounted <input type="checkbox"/> Roof Mounted <input type="checkbox"/> Awning <input type="checkbox"/> Canopy	<input type="checkbox"/> Single Faced <input type="checkbox"/> Double Faced <input type="checkbox"/> Internally Lighted <input type="checkbox"/> Externally Lighted <input type="checkbox"/> Rotating	Sign Material <input type="checkbox"/> Block <input type="checkbox"/> Brick <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Portable black sign w/ weighted anchors
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TEMPORARY SIGN

One temporary sign per property will be approved for no more than 60 consecutive days in a 12-month period.

Display Dates:	Total Square Feet:
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PERMANENT SIGN

Total Square Feet:	<u>Freestanding Signs</u> Height to top of sign from curb of closest street: Height to bottom of sign from grade level:
Street Frontage (in lineal feet): or within strip malls Tenant Suite Width (in lineal feet):	<u>Wall Signs</u> Square footage of building wall: 15% of building wall: Clearance above finished grade:

SIGNATURE

Applicant:	Date:
Property Owner (if different from above):	Date:

I hereby certify that I will install the above listed sign according to Sauk Rapids City Code, Section 10.16 and all other applicable codes and ordinances. **Initials:**

I will ensure that no part of the sign is placed in the public right-of-way. **Initials:**

FOR OFFICE USE ONLY

Fees: Temporary - \$40.00	Permanent - \$2/square foot
Date Received:	<input type="checkbox"/> Entered into the sign permit database
Receipt No.:	
Community Development Director/City Planner Approval Signature:	Date: