

Sign Permit Application

Business Name _____

Sign Contractor: _____

Address: _____

Address: _____

City/State: _____ Zip: _____

City/State: _____ Zip: _____

Owner Name: _____

Contact Name: _____

Address: _____

Phone: _____

City/State: _____ Zip: _____

Cell: _____ Fax: _____

Type of sign:

Free Standing, Monument, or Pylon

Temp Sign: Application date

Wall sign

Installation date

Temporary Sign

Removal date

Type of sign work:

New Sign

Alteration/remodel Sign

Maintain/Repair/or Replace Sign

Additional Sign

Valuation, for permanent signs (including labor): _____

Sign Dimensions: H: _____ W: _____

Removing old sign? Yes No

Sign Area (Sq. Ft.) _____

Is sign illuminated? Yes No

Existing sign? Yes No

Illumination: Backlit or Interior lit

Drawings submitted/attached:

Site plan

Sign engineering

Sign text dimensions

Wall dimensions

Is a sign band concept for site in effect?

Yes No

Fees attached: Yes No

Temporary Sign Permit \$10.00
(for permits obtained prior to placing the sign)

Permanent Sign Permit \$270.00

Temporary Sign Permit \$50.00
(for permits obtained after placing the sign)

*(An additional fee for an electrical permit
may be required if the sign is illuminated.)*

I hereby apply for a Sign Permit and I acknowledge that the information above is complete and accurate; that the work will be in compliance with the ordinances and codes of the City of Rosemount and with the Minnesota Building and Electrical Codes; that I understand that this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans. The undersigned acknowledges that he/she has read this application and the above information is correct and accurate. Applicant also understands by signing this application that he/she could be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the City of Rosemount.

BY CHECKING THIS BOX, I HEREBY AGREE TO ALL STATEMENTS HEREIN AND SUBMIT MY SIGNATURE ELECTRONICALLY TO THIS FORM.

Signature of Applicant

Printed Name of Applicant

Date

NOTICE: This is an **application only**. Permit will be issued after City approval and payment of fees.

Description of Work: _____

Drawing of site plan/sign diagram attached? Yes No

For Office Use Only Below This Line

Planning Approval _____
DATE

Occupancy Classification _____

Fire Marshal Approval _____
DATE

Special Conditions _____

Building Approval _____
DATE

Is Planning Commission approval required? Yes ___ No ___ if so, date approved: _____ 20 ___

Date fees paid: _____ 20 ___

Date of issue: _____ 20 ___

Issued by: _____

Revised: 01/29/2007