

TEMPORARY SIGN PERMIT APPLICATION

590 40th Avenue NE, Columbia Heights, MN 55421 • PH: 763-706-3670 • www.columbiaheightsmn.gov

**COMMUNITY
DEVELOPMENT**

DATE RECEIVED: _____

Please Note	Only four (4) signs allowed per year, per business. Each permit is valid for one month. Signs must adhere to the building. The only exception is for Grand Opening Signs which may be used for 60 days.			
APPLICANT	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Contractor	Email: _____	
SITE ADDRESS	_____			
PROPERTY OWNER / TENANT	Name: _____ Phone: _____ Address _____ City: _____ State: _____ Zip: _____			
CONTRACTOR Note: A City License is required	Name: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____			
PROPERTY TYPE	<input type="checkbox"/> Commercial / Industrial	<input type="checkbox"/> Institutional	<input type="checkbox"/> Multi-Family	
ZONING DISTRICT	<input type="checkbox"/> LB – Limited Business <input type="checkbox"/> CBD – Central Business	<input type="checkbox"/> GB – General Business <input type="checkbox"/> I – Industrial	<input type="checkbox"/> PO – Public & Open Space <input type="checkbox"/> Other	
SIGNAGE DETAILS	Number of Signs to be Installed :			
	Square Footage of the Sign:	Width:	Length:	Height:
	Message on Sign: _____			
DESCRIPTION OF WORK	_____			
LOCATION ON BUILDING	<input type="checkbox"/> Front	<input type="checkbox"/> Side	<input type="checkbox"/> Rear	<input type="checkbox"/> Roof
	<input type="checkbox"/> Other			
	Allowable Square Footage of Signs for said Property: _____			

THIS IS AN APPLICATION FOR A PERMIT - NOT VALID UNTIL PROCESSED

I hereby apply for a building permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Columbia Heights and with the Minnesota Construction Codes; that I understand 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.

PRINT NAME: _____ **DATE:** _____

SIGNATURE OF APPLICANT: _____

PERMIT FEE:	\$ _____	\$20 per Sign
TOTAL DUE:	\$ _____	Make Checks Payable to the City of Columbia Heights