

TEMPORARY SIGN PERMIT APPLICATION City of Columbia Heights

Permit Number

Received By

Date Received

DATE _____ YOUR E-MAIL ADDRESS _____
 SITE ADDRESS _____
 TENANT _____ SUITE NO. _____
 THE APPLICANT IS: (CIRCLE ONE) OWNER TENANT

BUILDING TENANT	NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE # _____
PROPERTY OWNER	NAME _____ LICENSE # _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE # _____
ALL APPLICATIONS FOR A SIGN PERMIT SHALL BE ACCOMPANIED BY A PLAN TO SCALE WHICH INCLUDES THE FOLLOWING ITEMS	NUMBER OF SIGNS BEING APPLIED FOR (UP TO 2) _____ DIMENSIONS: LENGTH _____ HEIGHT _____ SQUARE FOOTAGE OF SIGN _____ MESSAGE ON SIGN _____ ZONING DISTRICT OF TENANT SPACE _____ ALLOWABLE SQUARE FOOTAGE OF SIGNS FOR SAID PROPERTY _____
LOCATION ON BUILDING (CHECK ONE)	<input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> SIDE <input type="checkbox"/> OTHER _____
NUMBER OF TEMPORARY SIGN PERMITS ISSUED IN YEAR THUS FAR (OFFICE ONLY) _____	

Permit Fee \$ 20.00

Each Temporary Sign requires a permit fee of \$20.00.

Plan Review

Up to two temporary signs may be placed on a building at any time.

Surcharge

TOTAL DUE \$ 20.00

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

I hereby apply for a sign 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.

NAME OF APPLICANT _____ DATE _____
Please type or print

SIGNATURE OF APPLICANT _____

SIGNATURE OF PROPERTY OWNER _____