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)	❑ **FRONT** ❑ **REAR** ❑ **SIDE** ❑ **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_____