

DESCRIPTION OF WORK (Please complete appropriate section)

Building Front Dimensions	Width _____ x Height _____ = Total Square Feet _____
Sign Dimensions	Width _____ x Height _____ = Total Square Feet _____ Proposed Height _____ Distance from Property Line _____

List All Existing Signs on Premises:

Type	Width	Length	=	Square Feet	Location
_____	_____	x _____	=	_____	_____
_____	_____	x _____	=	_____	_____
_____	_____	x _____	=	_____	_____
_____	_____	x _____	=	_____	_____
_____	_____	x _____	=	_____	_____

I hereby apply for a sign permit, and I certify that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota and per Section 152.350 of the Cannon Falls City Code. I understand this is not a permit but only an application for a permit and work is not to start without an approved permit. I certify that the work will be in accordance with all permit conditions and approved plans.

Applicant shall submit to the City Clerk \$75 per application—temporary signs \$25 per application before a permit will be granted.

Applicant's Signature _____ Date

DO NOT WRITE BELOW THIS LINE Office Use Only

Zoning Review Comments:

_____ Site Plan _____ Surveyor's Certificate Zoning District _____

Final Zoning Review Required: ___ Yes ___ No

Zoning Comments: _____

Zoning Approved By: _____ Date: _____

Sign Comments: _____

SIGN PERMIT FEE: _____

Permit Approved By: _____ Date: _____