



SIGN PERMIT APPLICATION

Permit No. _____

Permit Issue Date: _____

918 River Road Cannon Falls, MN 55009
Phone: (507) 263-3900 Fax: (507) 263-5843

Date _____ Tenant/Building Name _____

Site Address _____

Number _____ Street _____ Suite/Unit No. _____

| | | | |
|-----------------------------------|-----------|-------------|---------------------|
| Subdivision and/or Addition _____ | Lot _____ | Block _____ | Parcel Number _____ |
|-----------------------------------|-----------|-------------|---------------------|

Applicant is: Owner _____ Contractor _____ Other (describe) _____

Property Owner:

Name _____ Phone () _____

Last First MI

Address _____

City _____ State _____ Zip Code _____

Sign Contractor:

Company _____ Phone () _____

Name _____ Contr. No. _____

Last First MI

Address _____

City _____ State _____ Zip Code _____

Engineer/ Designer:

Company _____ Phone () _____

Name _____ Registration No. _____

Last First MI (State of MN)

Address _____

City _____ State _____ Zip Code _____

Sign Type (check one)

| | | |
|---|---|---|
| <input type="checkbox"/> Area Identification Sign | <input type="checkbox"/> Identification Sign | <input type="checkbox"/> Real Estate Development Plan |
| <input type="checkbox"/> Billboard Sign | <input type="checkbox"/> Institutional Sign | <input type="checkbox"/> Wall Sign |
| <input type="checkbox"/> Monument Sign | <input type="checkbox"/> Wall Letters | <input type="checkbox"/> Projecting Sign |
| <input type="checkbox"/> Tourist Information Sign | <input type="checkbox"/> Shopping Center Sign | <input type="checkbox"/> Sandwich Board Message Sign |

- **Applications for sign permits must be accompanied by the following information:**
 1. An accurately dimensioned site plan showing the proposed location of the sign on the property and an accurately dimensioned (height and width), front of the building elevation drawing.
 2. An accurately dimensioned drawing of the sign indicating the following:
 - support system
 - sign material, dimensions and height
 - size of the lettering
 - content of the message on the sign
 3. A statement as to the type of lighting which will be used for illumination.

Please sign on reverse side.

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: _____