

CITY OF



103 Canton Avenue, P.O. Box 517, Montevideo, MN 56265
Telephone: 320/269-6575 Fax: 320/269-9340

SIGN PERMIT APPLICATION

DATE: _____

PERMIT NO: _____

Applicant Name: _____ Phone: _____

Address: _____

Legal Description: _____

Sign Contractor: _____ Phone: _____

Address: _____

Property Owner: _____ Phone: _____

Address: _____

Architect/Engineer: _____ Phone: _____

Zoning District: _____ Setbacks (if required): Front Back Side

TYPE OF SIGN:

- Billboard Wall Shopping Center
- Ground Home Occupation Pedestal
- Owner/Occupant Canopy/Marquee Other _____
- Portable - Dates Requested _____

Location of Sign: _____

Size: _____ Area: _____

Height: (Maximum) _____ (Minimum) _____

Illuminated: Yes _____ No _____

Comments: _____

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Location of Sign: _____

Size: _____ Area: _____

Height: (Maximum) _____ (Minimum) _____

Illuminated: Yes _____ No _____

Comments: _____

Number of signs to be erected: _____ Sign Permit Fee \$ _____

Estimated Completion Date: _____ Late Application \$ _____

TOTAL: \$ _____

The undersigned certifies that the above information is correct and agrees to comply with the ordinance and rulings of the Montevideo City Code.

Applicant Signature

Zoning Administrator Signature

Date