



Minneapolis One Stop

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For Office Use Only

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PERMIT#	
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SIGN APPLICATION

TISH _____

MAC _____

JOB ADDRESS

BLDG NAME (IF KNOWN):	BLDG #:	STREET NAME:	STREET DIR:
OWNER / OCCUPANT NAME:		OWNER / OCCUPANT PHONE:	
TYPE OF WORK TO BE DONE: <input type="checkbox"/> NEW <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SIGN RE-FACE <input type="checkbox"/> ALTERATION		VALUE OF WORK \$	
AREA OF EXISTING SIGNS / BILLBOARDS:		AREA ADDED:	

COPY:

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TYPE OF SIGN (check only one)

<input type="checkbox"/> WALL SIGN
<input type="checkbox"/> FLAT WALL SIGN (extends 6 inches or less from building)
<input type="checkbox"/> AWNING / CANOPY <input type="checkbox"/> WITH TEXT <input type="checkbox"/> WITHOUT TEXT
<input type="checkbox"/> BANNERS
<input type="checkbox"/> PROJECTING SIGN
<input type="checkbox"/> FREE-STANDING SIGN (GROUND SIGN)
<input type="checkbox"/> AUXILIARY SIGN(S)
<input type="checkbox"/> BILLBOARD

SIGN ATTRIBUTES CHECKLIST

<input type="checkbox"/> DIMENSIONS:	FT X	FT =	SQ FT
<input type="checkbox"/> HEIGHT ABOVE GRADE: (measured to top of sign)			SQ FT
<input type="checkbox"/> ILLUMINATION: (Please check <input checked="" type="checkbox"/>)	<input type="checkbox"/> NONE	<input type="checkbox"/> INTERNAL	
	<input type="checkbox"/> NEON	<input type="checkbox"/> EXTERNAL	
	<input type="checkbox"/> BACK-LIGHTED		
<input type="checkbox"/> WALL SIGN ONLY:	Length of wall upon which sign is to be installed:		FT
<input type="checkbox"/> Provide a photo indicating the sign location on the building or site.			

ADDITIONAL INFORMATION: (Location and nature of work to be done)

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I hereby certify that all information provided in this application form and any other information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable State and local laws and regulations in performing the work for which this permit is issued, and that I possess all contractor and personal licenses and certificates of competency, if any, that are required for lawful performance of the work described in this permit. I understand that the issuance of this permit does not imply or authorize the granting of any such license or certificate of competency, nor the issuance of any business or professional license.

SIGNATURE:	DATE:
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COMPANY NAME:	CONTRACTOR LICENSE #:		
COMPANY ADDRESS:	CONTACT PERSON:		
CITY:	STATE:	ZIP:	CONTACT PHONE:
E-MAIL ADDRESS:	CONTACT FAX:		

MAKE CHECKS PAYABLE TO: MINNEAPOLIS FINANCE DEPARTMENT, OR CHARGE TO

<input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA <input type="checkbox"/> AMEX	ACCOUNT #	EXP DATE: Mo ____ YR ____
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