



**Development Services
Customer Service Center**
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 Office 612-673-3000 or 311
 Fax 612-370-1416
 TTY 612-673-2157
 www.minneapolismn.gov/mdr

<i>Office Use Only</i>	
Routing# _____	T# _____
Amount\$ _____	Permit# _____
Development Coordinator _____	
Signature	Date

SIGN APPLICATION

JOB ADDRESS (PLEASE INCLUDE BUILDING NAME AND NUMBER):
OWNER / OCCUPANT AND PHONE NUMBER:
TYPE OF WORK TO BE DONE: NEW _____ TEMPORARY _____ SIGN RE-FACE _____ ALTERATION _____ VALUE OF WORK \$ _____

SIGN INFORMATION EACH APPLICATION MUST INCLUDE THE INFORMATION BELOW AND ITEMS 1-4 ON THE REVERSE OF THIS FORM	
SIGN COPY	
TYPE	WALL SIGN FREE-STANDING SIGN (MONUMENT) AWNING/CANOPY FREE-STANDING SIGN (POLE)* BANNERS CHANGEABLE COPY SIGN, DYNAMIC PROJECTING SIGN DYNAMIC SIGN* BILLBOARD r ROOF OTHER _____
ILLUMINATION	NONE INTERNAL EXTERNAL BACKLIT*
SIZE / HEIGHT	PROPOSED SIGN DIMENSIONS: _____ ft. x _____ ft. = _____ sq. ft. HEIGHT ABOVE GRADE (MEASURED TO TOP OF SIGN): _____ ft.
SITE INFORMATION	TOTAL AREA OF ALL OTHER EXISTING SIGNS/BILLBOARDS: _____ sq. ft. LENGTH OF WALL UPON WHICH SIGN IS TO BE INSTALLED: _____ ft. LENGTH OF FRONTAGE UPON WHICH SIGN IS TO BE INSTALLED: _____ ft.

*A separate land use application may be required.

ADDITIONAL INFORMATION: _____

<p>I 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 license or professional license. Homeowners shall not hire unlicensed persons to perform work under any building, electrical, mechanical, or plumbing permit.</p>
SIGNATURE: _____ DATE: _____

COMPANY NAME:	CONTRACTOR LICENSE #:
COMPANY ADDRESS:	CONTACT PERSON:
CITY: STATE: ZIP:	CONTACT PHONE #:
EMAIL:	CONTACT FAX#:

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

ALL MAJOR CREDIT CARDS ACCEPTED	ACCOUNT# _____	CVV# _____	EXP DATE: Mo _____ Yr _____
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REQUIREMENTS FOR ALL SIGN PERMIT APPLICATIONS

- 1) A SURVEY (RECOMMENDED) OR SITE PLAN INDICATING:
 - ALL PROPERTY LINES.
 - STREETS, SIDEWALKS AND ALLEYS
 - BUILDING FOOTPRINTS
 - THE LOCATION OF ALL EXISTING AND PROPOSED SIGNS ON THE PROPERTY

- 2) AN ELEVATION PLAN OR RENDERING FOR EACH PROPOSED SIGN WHICH INDICATES: **
 - LOCATION
 - DIMENSION OF SIGN
 - HEIGHT
 - ILLUMINATION
 - DIMENSION OF WALL (OR FRONTAGE FOR MONUMENT SIGNS).

- 3) A PHOTO OF EACH ELEVATION WHERE SIGN ALTERATIONS ARE PROPOSED. INCLUDE THE ENTIRE ELEVATION AND INDICATE ALL EXISTING SIGNAGE**

*** A PHOTO RENDERING COMBINING THE REQUIREMENTS OF ITEMS 2 & 3 MAY BE ACCEPTABLE*

- 4) PROPOSED AND EXISTING LIGHTING (LOCATION, TYPE AND SIZE).

ADDITIONAL INFORMATION REGARDING THE SIGN PERMIT PROCESS

- A. SEE WWW.MINNEAPOLISMN.GOV/MDR/SIGNPERMITS/INDEX.HTM FOR GENERAL INFORMATION ABOUT THE SIGN PERMIT PROCESS.

- B. APPLICATIONS MAY BE SUBMITTED IN PAPER ONLY. FAXED APPLICATIONS WILL BE DEEMED INCOMPLETE AND RETURNED.

- C. ALTERATIONS TO HISTORIC LANDMARKS OR ANY PROPERTY IN A HISTORIC DISTRICT ARE SUBJECT TO THE CITY'S HERITAGE PRESERVATION REGULATIONS.
SEE: WWW.MINNEAPOLISMN.GOV/HPC/LANDMARKS/ FOR MORE INFORMATION.

- D. PRIOR APPROVAL FOR SIGN PERMITS ALONG NICOLLET MALL IS REQUIRED. CALL (612) 338-3807 FOR MORE INFORMATION

- E. THE ZONING CODE IS ON FILE IN THE OFFICE OF THE CITY CLERK AND IS ALSO ON THE INTERNET AT THE CITY OF MINNEAPOLIS WEBSITE OR AT WWW.MUNICODE.COM/LIBRARY/LIBRARY.ASPX. (SEE TITLE 20, CH. 543 OR 544).

- F. CITY RESOURCES MAY BE AVAILABLE FOR QUALIFYING PROJECTS. FOR MORE INFORMATION SEE: WWW.CI.MINNEAPOLIS.MN.US/CPED/BA/CPED_GREAT_STREETS_HOME