city of NEW BRIGHTON
the city that works for you

2016
Application for
Permanent Sign Permit
Fee: $137.00

Permit #_____

Site Address ***(location where sign is to be placed):***

☐ Business Name:_____ Contact person_____

☐ Business Address: _____City: New Brighton State: MN.Zip:55112

☐ Zoning District: _____ Contact phone No:_____

Applicant Information:

☐ Name:_____

☐ Mailing Address:_____

☐ Phone No.:_____

☐ E-mail:_____

Property Owner Information:

☐ Name:_____

☐ Mailing Address:_____

☐ Phone No.:_____

☐ E-mail:_____

Contractor Information:

☐ Business Name: _____

☐ Contact Name:_____

☐ Address:_____City:_____State:_____Zip:_____

☐ Phone No.:_____

☐ E-mail:_____

☐ **License Number:**_____

(City Contractor license required if no State License)

☐ **Sign Type:** ***(Circle one)***: Wall Sign Ground Sign Other:_____

☐ ***Provide photos and drawings of your proposed sign.***

Sign Dimensions:

☐ Length: _____ X Height:_____ = Total Sq.ft. _____

☐ Signable Area: Sq. Ft. _____

☐ Existing Sign Sq.ft. _____

☐ **Electrical: If yes, then an electrical sign permit is required (see Building Department)**

The undersigned hereby makes application for a permit for the work herein specified, agreeing to do all work in strict accordance with the City of New Brighton Ordinances and rulings of the Department of Community Assets & Development and hereby declares that all the facts and representations stated in the application are true and correct.

_____

Signature of applicant: **Print Name:** **Date:**

The application process may be delayed or your application returned if there is any missing information or documentation.

OFFICE USE ONLY

Zoning review conducted by: _____

print name signature date

Application Approved: ___ **Yes** ___ **No**

Comments:_____