city of NEW BRIGHTON
the city that works for you

2016 Application for Temporary Sign

Permit Fee: $53.00

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

Business Name:_____

Address: _____ City: New Brighton State: MN.Zip:55112

Zoning District:

Applicant Information:

Name:_____ Mailing Address:_____

Phone No.: **Email:**

Property Owner Information(*if different from applicant*):

Name:_____ Mailing Address:_____

Phone No.: **E-mail:**

Contractor Information: **License Number:**_____

Business Name:_____ ContactName:_____

Address:_____ City:_____ State:_____ Zip:_____

Phone No.: **E-mail:**

Sign Type:_____ **Constructed of:**_____

Sign Dimensions: ***(May not exceed 32 square feet in area)***

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

****Sketch, photo or drawing is required****

DATE TO BE ERECTED:_____ **DATE TO BE REMOVED:**_____

Per Zoning Code Section 9-046, temporary signs shall comply with the following:

- Temporary signs, other than those specified in Section 9-040 and sandwich board signs meeting the definition in Section 9-030, shall require this permit.
- Each business or lot may be issued ***four temporary sign permits during a calendar year***. Such temporary signs shall not be on display more than 14 days.
- Temporary signs issued under this permit shall not exceed 32 square feet in area.
- Businesses that are not located in multiple occupancy buildings and that have an established dynamic sign shall not be permitted temporary signing.
- A temporary sign displayed for a new business's grand opening or an existing business's going out of business sale may be displayed for 30 days and not counted towards the allowed four permits per year. Such signs will be exempt from this permit.

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: _____

Signature Print name Date

Application Approved: ___ **Yes** ___ **No** **Permit #**_____

Comments: