## **SIGN PERMIT APPLICATION**



City of Alexandria 704 Broadway | Alexandria, MN 56308 Ph: (320) 763-6678 | Fax: (320) 763-3511 www.ci.alexandria.mn.us

	Application #	Date App. Received/_  Date Permit Approved/_			Fee Collected	
A. Applicant/Contractor Information						
Ap	plicant Name (Last, First, MI)	Business Nar	ne	Phone	)	
Applicant Address			City/State/Zip			
Applicant Email Address Licensed Sign Hanger						
B. Property Information						
Address of Subject Property PIN:						
Owner Name  Business Name						
Ov	Owner Contact Information (Phone/Email)  Zoning Classification					
C. Type of Sign						
Check Applicable Request(s):  □ Wall/Building □ Freestanding □ Temporary □ Dynamic/Electronic Graphic/Video Display □ Off-Premise □ Other (Specify						
D. Sign Details						
Width x Height = Total Sq. Ft (Provide separate calcs. for all signs)						
*Attached detailed photo/graphic of signage, including all measurements.						
Complete for Wall/Building Signs			Complete for Permanent Freestanding Signs			
Total Sq. Ft. of building façades facing a public street:			Height of Sign			
Bldg Widthx Bldg Height			Total Sq. Ft. of building façade facing a public street:			
= Bldg Silhouette Sq. Ft.			Bldg Widthx Bldg Height			
			=	= Bldg Silhouette Sq. Ft.		
E. By My Signature Below: I certify that the information submitted is true and accurate.						
	Signature: Date: Owner or Applicant					
Planning Department Approval/Notes:						

**Permit Approval Signature**