

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 \$ _____
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A. Applicant/Contractor Information

Applicant Name (Last, First, MI) _____ Business Name _____ Phone _____

Applicant Address _____ City/State/Zip _____

Applicant Email Address _____ Licensed Sign Hanger Yes No License # _____

B. Property Information

Address of Subject Property _____ PIN: _____

Owner Name _____ Business Name _____

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 _____ Attach Narrative)
- Illuminated: Yes No State Permit Required: Yes No

D. Sign Details

Width _____ x Height _____ = Total Sq. Ft. _____ (Provide separate calcs. for all signs)

***Attached detailed photo/graphic of signage, including all measurements.**

<p><u>Complete for Wall/Building Signs</u></p> <p>Total Sq. Ft. of <i>building</i> façades facing a public street: Bldg Width _____ x Bldg Height _____ = _____ Bldg Silhouette Sq. Ft.</p>	<p><u>Complete for Permanent Freestanding Signs</u></p> <p>Height of Sign _____ Total Sq. Ft. of <i>building</i> façade facing a public street: Bldg Width _____ x Bldg Height _____ = _____ Bldg Silhouette Sq. Ft.</p>
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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