

## **SIGN PERMIT APPLICATION**

333 S. Washington Street · PO Box 526 · Redwood Falls, MN 56283 Office: 507-616-7400 · Fax: 507-637-2417 inspections@ci.redwood-falls.mn.us

SITE INFORMATION					
Site Address					
Parcel ID#		Zoning Dist	Zoning District		
PROPERTY OWNER INFO	DRMATION				
Name			Phone		
Address					
APPLICANT INFORMATION	N				
Applicant/ Company Name			Phone		
Contact Person		Email			
Address					
PROJECT INFORMATION					
Work Type	☐ New	☐ Alteration	☐ Re	placement	
Sign Type	☐ Wall Sign	☐ Pylon Sign	□ Ele	ec. Message Board	
	☐ Portable/ Temp Sig	gn Ground Sig	n 🗆 Otl	ner	
Dimension of Sign	Height	Width	Sq. Feet		
Setback from Prop Line	Front	Rear	Side		
Illumination	☐ Internal	☐ External	Туре		
SPECIFIC SIGN INFORMATION (fill out all that apply)					
New Wall Sign	Wall Sq. Footage	Sign Sq. Footage	Percent Cov	Percent Coverage	
Existing Wall Sign	Wall Sq. Footage	Sign Sq. Footage	Percent Coverage		
☐ Check if existing sign to remain					
New Pylon Sign	Overall Height	Sign Sq. Footage	Clearance under Sign		
Existing Pylon Sign	Overall Height	Sign Sq. Footage	Clearance under Sign		
☐ Check if existing sign to remain					
Ground sign	Overall Height	Sign Sq. Footage	Clearance under Sign		
Temporary Sign	Start Date	Sign Sq. Footage	End Dat	te	
List description and sizes of any other existing signs to remain					
ACKNOWLEDGEMENT & SIGNATURE					
I hereby apply for zoning approval and certify the information herein is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Redwood Falls; that I understand that this is not a permit but only an application for zoning approval, and work will not start until zoning approval and all other applicable permits are issued and all work will be in accordance with the approved plan and permits.					
Applicant Signature			Date	Date	
Property Owner Signature			Date	Date	