

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 Distr	rict
PROPERTY OWNER INF	ORMATION		
Name			Phone
Address			
APPLICANT INFORMATI	ON		
Applicant/ Company Nam	e		Phone
Contact Person		Email	
Address			
PROJECT INFORMATIO	N		
Work Type	□ New	Alteration	Replacement
Sign Type	Wall Sign	Pylon Sign	Elec. Message Board
	Portable/ Temp Sign	Ground Sigr	n 🗌 Other
Dimension of Sign	Height	Width	Sq. Feet
Setback from Prop Line	Front	Rear	Side
Illumination	Internal	External	Туре
SPECIFIC SIGN INFORM	ATION (fill out all that apply)		
New Wall Sign	Wall Sq. Footage	Sign Sq. Footage	Percent Coverage
Existing Wall Sign	Wall Sq. Footage	Sign Sq. Footage	Percent Coverage
Check if exis	ting 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 exis	ting sign to remain		
Ground sign	Overall Height	Sign Sq. Footage	Clearance under Sign
Temporary Sign	Start Date	Sign Sq. Footage	End Date
List description and sizes	of any other existing signs to rema	ain	

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
Property Owner Signature	Date