

# SIGN APPLICATION

**Submit Applications to: [Permits@rumrivercc.com](mailto:Permits@rumrivercc.com)** Scheduling: 763-331-7722

**THIS APPLICATION BECOMES A NUMBERED PERMIT AFTER THE REVIEW IS COMPLETE AND PAYMENT OF FEES.**

**WORK IS NOT TO BEGIN PRIOR TO ISSUANCE. ~ ALL INFORMATION IS REQUIRED AND MUST BE COMPLETED.**

SITE ADDRESS \_\_\_\_\_ PROPERTY ID # \_\_\_\_\_

PROPERTY OWNER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

APPLICANT IS:  CONTRACTOR  OWNER  TENANT ~ PROPERTY TYPE:  COMMERCIAL  RESIDENTIAL

APPLICANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

**TYPE OF SIGN (CHECK ALL THAT APPLY):**

NEW  ALTERATION  FREE STANDING  WALL MOUNTED  ILLUMINATED  NON-ILLUMINATED

**SIZE OF SIGN:**

**\*IF A FREE STANDING SIGN, INCLUDE A SITE PLAN WITH LOCATION SPECIFIED**

\*LENGTH: \_\_\_\_\_ FT WIDTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ TOTAL AREA: \_\_\_\_\_ SQ FT

**\*IF A WALL SIGN, PLEASE PROVIDE THE FOLLOWING DIMENSIONS FOR THE PROPOSED SIGN:**

LENGTH: \_\_\_\_\_ FT WIDTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ TOTAL AREA: \_\_\_\_\_ SQ FT

**VALUE OF SIGN IF NEW OR ALTERATION: \$ \_\_\_\_\_**

**FILING REQUIREMENTS FOR NEW OR ALTERATION SIGNS:**

\_\_\_\_ TWO COPIES OF SCALED DRAWING OF SIGN; INCLUDE MATERIALS, LETTERING, COLORS, ILLUMINATION AND SUPPORT SYSTEM, \_\_\_\_ TWO COPIES OF BUILDING FRONT AND SITE PLAN SHOWING SIGN LOCATION, \_\_\_\_ EXISTING SIGNAGE THAT WILL REMAIN: TOTAL SQ FT OF ALL EXISTING SIGNS \_\_\_\_\_ SQ FT & PROVIDE A DIAGRAM

*The undersigned acknowledges the above information is correct and accepts responsibility for compliance with all applicable laws and ordinances of the ruling jurisdiction.*

APPLICANT SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

**\*OFFICE USE ONLY\***

DATE ALL REQUIRED INFORMATION WAS RECEIVED: \_\_\_\_\_

BUILDING \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT FEE \$ \_\_\_\_\_

ZONING \_\_\_\_\_ DATE \_\_\_\_\_

PLAN REVIEW FEE \$ \_\_\_\_\_

**PAYMENT INFO:**

PAYMENT RECEIVED BY \_\_\_\_\_

ZONING FEE \$ \_\_\_\_\_

CASH \_\_\_\_\_ CK# \_\_\_\_\_

**TOTAL FEE \$ \_\_\_\_\_**

RECEIPT #: \_\_\_\_\_ DATE \_\_\_\_\_