

CITY OF ST. BONIFACIUS

8535 Kennedy Memorial Drive

St. Bonifacius, MN 55375

952-446-1061

SIGN PERMIT APPLICATION

1. Site Address: _____ Zoning: _____ PID: _____
Type of Business _____ Leased/Owned Area (sq. ft) _____

2. Name of Applicant _____
Address _____
Phone _____ Fax _____ E-Mail _____

3. Name of Owner _____
Address _____
Phone _____ Fax _____ E-Mail _____

4. Name of Contractor _____
Address _____
Phone _____ Fax _____ E-Mail _____

NOTE: Sign fee of \$83.00 is due at time of permit application. A separate application is required for each sign. There may be further building permit fees due before the permit is processed.

5. Class of work:
New _____ Alteration _____ Repair _____ Move _____ Remove _____

6. Type of Sign Facing and square footage:
_____ Single _____ sq. ft
_____ Back-to-Back _____ sq. ft. per side
_____ V Type _____ sq. ft. per side

7. Highest point of sign from the average grade _____

8. Manner of construction and materials _____

9. Setbacks:
Distance to trunk or Federal Highway Right of Way _____
Distance to street _____
Distance to Closest Existing Billboard Sign _____
Distance to Closest Residential District _____

Attach a sketch showing the specific location of the sign on the lot and a sketch showing the construction plans.

Signature _____ Date _____

*******NOTE: Permits expire 90 days after date issued. No fees refunded.*******

OFFICE USE: Date Received: _____ Fee _____ Receipt # _____ Date Issued _____

Action by the City:	Approval	Denial	Date
Planning Commission	_____	_____	_____
City Council	_____	_____	_____

Signature _____ Date _____
City Official