



**DEVELOPMENT SERVICES
BUILDING INSPECTIONS**

OFFICE USE ONLY
Permit #

505 WALNUT STREET, SUITE 1 City Hall
MONTICELLO, MN 55362
www.ci.monticello.mn.us – info@ci.monticello.mn.us

(763) 295-2711
Building Inspections (763) 295-3060
Fax (763) 295-4404

TEMPORARY SIGN PERMIT APPLICATION

Date: _____ Site Location/Address: _____
Tenant/Business/Building Name: _____

The Applicant is: Owner Contractor Other (Describe) _____

PROPERTY OWNER	Name: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip Code: _____ E-mail Address (required) _____
-----------------------	---

CONTRACTOR	Company: _____ Name: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip Code: _____
-------------------	--

Description of Work:

Width _____ x Height _____ = Total Sq. Feet _____ (40' MAX) Zoning District _____
Location on Property:
(Site Plan May Be Required)

Please Complete Other Side

Computation of Fees:

\$50 for each temporary sign

TOTAL FEE \$ _____

RECEIPT # _____

(NOTE: TEMPORARY SIGN PERMITS ARE VALID FOR 120 DAYS PER CALENDAR YEAR)

This form must be kept in an accessible place and available for review by City staff at any time during normal working hours. Failure to maintain an accurate log sheet may result in the City rescinding the annual permit.

I have reviewed city regulations pertaining to portable signs and banners. I recognize that this permit allows me to display a portable sign or banner on my property for a maximum of one hundred and twenty (120) days per calendar year. Furthermore, I hereby agree to maintain a daily account of the use of banners on my property. If I fail to keep such an accounting, I will not object the City rescinding my permit, and I will not object to having a City employee enter my property to remove banners or portable signs. Signs may not be placed within public right of way or easements.

Name (Print)

Property Owner's Signature

Date

PLEASE RECORD THE DATES TEMPORARY SIGN IS ERECTED FOR THE YEAR: 20_____

Date Sign Erected _____ Date Sign Removed _____ DAYS USED _____

Date Sign Erected _____ Date Sign Removed _____ DAYS USED _____

Date Sign Erected _____ Date Sign Removed _____ DAYS USED _____

Date Sign Erected _____ Date Sign Removed _____ DAYS USED _____

Date Sign Erected _____ Date Sign Removed _____ DAYS USED _____

Date Sign Erected _____ Date Sign Removed _____ DAYS USED _____

Date Sign Erected _____ Date Sign Removed _____ DAYS USED _____

Date Sign Erected _____ Date Sign Removed _____ DAYS USED _____

TOTAL DAYS USED THIS CALENDAR YEAR _____

REQUIRED INSPECTIONS

_____ SITE _____ FINAL

Conditions of Issuance: _____

Investigation Fee: _____ Specify Reason: _____ Amount: \$ _____

Permit Approved By: _____ Date: _____/_____/_____