



## Sign Application

Permit #

## Submit Applications to: 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 Nan | ne                 |   |                          |               |                                   |                |                          |  |
| Address            |                    |   |                          |               |                                   | State          | _ Zip                    |  |
| Phone #            |                    | Email   |                          |               |                                   |                |                          |  |
| Applicant: Conti   | ractor <u>OR</u> O | wner ~ Is this re   | ntal property?           | Yes           | No ~                              | Commercial     | Residential              |  |
| Applicant Name     |                    |   |                          |               |                                   |                |                          |  |
| Address            |                    |   |                          |               |                                   | State          | Zip                      |  |
| Phone #            |                    | Email   |                          |               |                                   |                |                          |  |
|                    |                    | Туре  | of Sign (Check al        | l that app    | <u>ly):</u>                       |                |                          |  |
| New                | Alteration         | Free Standing   | g Wall N                 | Nounted       | Ш                                 | uminated       | Non-Illuminated          |  |
|                    | Size of Sign: *    | If a free standing  | <b>sign,</b> include a s | ite plan w    | ith location                      | specified      |                          |  |
| *Length: _         | FT                 | Width:  | Height:                  |               | _ Total A                         | rea:           | _Sq Ft                   |  |
|                    | *If a wall sign    | , please provide t  | he following dim         | ensions fo    | or the propo                      | sed sign:      |                          |  |
| *Length: _         | FT \               | Width:  | Height:                  |               | Total Are                         | a:             | Sq Ft                    |  |
| Building front an  |                    | ng sign location,<br>Fotal Sq Ft of all e<br>on is correct and accept | existing signs           | npliance with | Sq Ft & prov<br>all applicable lo | vide a diagram | the ruling jurisdiction. |  |
| Printed Name       |                    |   | Date                     |               |                                   |                |                          |  |
|                    |                    | *O <sup>.</sup>   | ffice Use Only           | y*            |                                   |                |                          |  |
| Approvals:         | Date <u>all</u> re | equired informati   | on was received:         |               |                                   | _              |                          |  |
| Building           |                    |   | Date                     |               |                                   | Permit Fee \$  |                          |  |
|                    |                    | Date  |                          |               |                                   |                |                          |  |
| Payment info:      |                    |   |                          |               |                                   |                |                          |  |
| Payment received   | by                 |   |                          |               |                                   |                |                          |  |
|                    |                    | Last 4 CC #   |                          |               |                                   |                |                          |  |
| Receipt #:         |                    | C   | Date                     |               |                                   |                |                          |  |

Accuracy-Efficiency-Uniformity