



City of

CIRCLE PINES

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 Name _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Email _____

Applicant: Contractor OR Owner ~ Is this rental property? Yes No ~ 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:

___ Scaled drawing of sign; include materials, lettering, colors, illumination and support system,

___ 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: _____

Approvals:

Building _____ Date _____ Permit Fee \$ _____

Zoning _____ Date _____ Plan Review Fee \$ _____

Payment info:

Payment received by _____ Surcharge Fee \$ _____

Cash _____ Ck # _____ Last 4 CC # _____ Zoning Fee \$ _____

Receipt #: _____ Date _____ **Total Fee \$ _____**