



Temporary Sign Application

Community Development Department
Code Enforcement & Public Health Division
5200 85th Avenue North / Brooklyn Park, MN 55443
Phone: (763) 493-8070 / Fax: (763) 493-8391

\$75.00

GOVERNMENT DATA PRACTICES ACT - TENNESON WARNING: The data you supply on this form will be used to process the permit you are applying for. You are not legally required to provide this data, but we will not be able to grant the permit without it. The data will constitute a public record if and when the permit is granted.

GENERAL REQUIREMENTS:

- **BANNERS:** Banner (s) may not exceed 200 square feet, and must be attached to a building wall or to an existing fence, and located 10 feet back from the property line.
- **FEATHER FLAGS:** Feather flags must not exceed a limit of 3, must be less than 15 feet in height, be located at least 10 feet back from the property line, and cannot be within the public right-of-way or the 30 foot clear-view triangle at street intersection.
- **DURATION:** Each business is allowed three permits per year. Each permit is good for 30 days. Each permit is good for one banner and/or 3 feather flags.
- **FEE:** \$75 per permit. Fee is waived for non-profit groups.
- **GRAND OPENING SIGNS:** Business may receive an one-time permit at no cost to place a "grand opening" banner for 60 consecutive days.
- **Permit fee is not transferable or refundable**

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

SIGN MESSAGE: _____ **SIZE (SQ. FT)** _____

REQUESTED PERMITS: Date sign/flags put up _____ Date sign taken down _____

I hereby apply for a sign permit and I acknowledge that the information above is complete and accurate; that the work will be done in accordance with the ordinances of the City of Brooklyn Park and with the Minnesota State Building Code; that I understand this is not a permit but an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plans, specifications and codes.

APPLICANT NAME

APPLICANT SIGNATURE

PHONE #

Office Use:	
Date Received _____	Conditions of Issuance: _____ PERMIT # _____
Permit Approved By: _____	_____
Name/Department	Date