



# Sign Permit Application

## Community Development Department

### Building Inspections Division

5200 85<sup>th</sup> Avenue North / Brooklyn Park, MN 55443  
 Phone: (763) 488-6379 / Fax: (763) 493-8171  
 6/17 www.brooklynpark.org

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.

Site Location: \_\_\_\_\_ Date: \_\_\_\_\_

Business or Tenant Name: \_\_\_\_\_

Contractor/Applicant Name: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applications for permit **must** be accompanied by accurately dimensioned plans including size of sign, size of footings, wall attachment details and message. Please include all existing signs on property. Survey and site plan required for monument and free standing signs.

Permit Type: Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Other \_\_\_\_\_  
 Type of Sign: Wall \_\_\_\_\_ Monument \_\_\_\_\_ Free Standing \_\_\_\_\_  
 Work Type: New \_\_\_\_\_ Alteration \_\_\_\_\_ Temporary \_\_\_\_\_  
 Size: Height \_\_\_\_\_ Width \_\_\_\_\_ Total sq ft \_\_\_\_\_ Footing size \_\_\_\_\_  
 Size: Height \_\_\_\_\_ Width \_\_\_\_\_ Total sq ft \_\_\_\_\_ Footing size \_\_\_\_\_

<u>Computation of Fees:</u>	<u>\$ Amount</u>		<u>Quantity</u>		<u>Subtotal</u>
Wall Sign	90.00	X	_____	=	\$ _____
Free Standing	150.00	X	_____	=	\$ _____
Monument	150.00	X	_____	=	\$ _____
State Surcharge:	1.00				\$ 1.00
<b>Total</b>					\$ _____

Payment method:  Cash  Check  Credit Card

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 Email Address Required:** \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

**Office Use:**

Required Inspections: Site \_\_\_\_\_ Footing \_\_\_\_\_ Final \_\_\_\_\_  
 Approvals Required: Planning \_\_\_\_\_ Building \_\_\_\_\_ CEPH \_\_\_\_\_

Permit Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Permit #: \_\_\_\_\_