

# City of NEWPORT Sign Permit Application

Newport City Hall ♦ 2060 1<sup>st</sup> Avenue ♦ Newport ♦ Minnesota ♦ 55055 ♦ Phone 651-459-5677 ♦ Fax 651-459-9883

Application Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

## Applicant Information

Contractor License Number \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Property Owner Information

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Project Information

Address of Proposed Sign: \_\_\_\_\_

Zoning District: \_\_\_\_\_

### Type of Sign:

Temporary Sign: Installation Date \_\_\_\_\_ Removal Date \_\_\_\_\_

Permanent Sign

Wall Sign: Location on Building  Front  Rear  Side

Freestanding Sign

Pylon Sign

Directional Sign

### Construction Material:

Metal

Wood

Plastic

Other: \_\_\_\_\_

### Sign Dimensions:

Height: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Square Feet: \_\_\_\_\_

### Type of Sign Work:

New Sign

Maintain/Repair/Replace Sign

Estimated Sign Value: \$ \_\_\_\_\_

Please attach a detailed plan, including cross sections, of the sign and support structure. Show all dimensions and wording of the sign, as well as a site plan. Please note that the City of Newport reserves the right to require any other information as shall be necessary for the complete and proper erection of any sign.

## Applicant Statement and Acknowledgements

I understand, that I am required to comply with City Ordinances, Minnesota State Building Code and all other applicable codes, and that this building permit will expire within 180 days if work is not commenced. I will also be responsible for any and all Engineering Services specifically required for this project.

Applicant/Agent Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Fees (To be filled in by City)**

Permit Fee \$ \_\_\_\_\_  
Plan Check Fee \$ \_\_\_\_\_  
Penalty Fee \$ \_\_\_\_\_  
State Surcharge Fee \$ \_\_\_\_\_

**TOTAL PERMIT FEES:** \$ \_\_\_\_\_

Make Check Payable to: CITY OF NEWPORT

Payment made: \_\_\_\_\_, 20\_\_\_\_ Receipt # \_\_\_\_\_ Check # \_\_\_\_\_ or Cash \_\_\_\_\_

\*\*\*\*\* ITEMS BELOW ARE FOR CITY BUILDING OFFICIAL USE \*\*\*\*\*

**Submittals and Approvals Received by CITY Building Official / Date Application Received:** \_\_\_\_\_

\_\_\_\_\_ Environmental Health Approval      \_\_\_\_\_ Site Plan      \_\_\_\_\_ Energy Calculations      \_\_\_\_\_ Completed Application  
\_\_\_\_\_ Zoning Approval      \_\_\_\_\_ Construction Plans      \_\_\_\_\_ Applicable Waivers      \_\_\_\_\_ Other

Comments/Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Building Official Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_