



City of New Brighton
 PERMANENT SIGN PERMIT APPLICATION 2018
 Please email materials to permits@newbrightonmn.gov

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|---|----------------------|-----------------------|
| SITE ADDRESS: New Brighton, MN 55112 | | DATE: |
| BUSINESS NAME: | | CONTACT PHONE: |
| ZONING DISTRICT: | CONTACT NAME: | |

| | | |
|------------------------|------------------------|-----------------|
| APPLICANT NAME: | | PHONE #: |
| ADDRESS: | CITY/STATE/ZIP: | |
| EMAIL: | | |

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|---|------------------------|-----------------|
| CONTRACTOR: | | PHONE #: |
| ADDRESS: | CITY/STATE/ZIP: | |
| EMAIL: | CONTACT NAME: | |
| LICENSE NUMBER: (CITY CONTRACTOR LICENSE REQUIRED IF NO STATE LICENSE) | | |

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|---|------------------------------------|--------------------------------------|-------------------------------|
| SIGN TYPE: | <input type="checkbox"/> WALL SIGN | <input type="checkbox"/> GROUND SIGN | OTHER: |
| <i>Please provide photos and drawings of your proposed sign.</i> | | | |
| SIGN DIMENSIONS: | LENGTH: | HEIGHT: | = TOTAL SQ FT: |
| SIGNABLE AREA: | SQ FT: | EXISTING SIGN SQ FT: | HEIGHT OF GROUND SIGN: |
| ELECTRICAL: If yes, then an electrical sign permit is required <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| The undersigned hereby makes application for a permit for the work herein specified, agreeing to do all work in strict accordance with the City of New Brighton Ordinances and rulings of the Department of Community Assets & Development and hereby declares that all the facts and representations stated in the application are true and correct. | | | |
| Signature of applicant: | | Print Name: | Date: |
| <i>The application process may be delayed or your application returned if there is any missing information or documentation.</i> | | | |

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| OFFICE USE ONLY | |
| ZONING REVIEW CONDUCTED BY: | DATE: |
| APPLICATION APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| COMMENTS: | |