



City of New Brighton
 PERMANENT SIGN PERMIT APPLICATION 2019
 Please email materials to permits@newbrightonmn.gov

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

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

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

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>			

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