

Shoreview Community Development 4600 Victoria Street North Shoreview, Minnesota 55126 651-490-4600 I shoreviewmn.gov

Sign Permit Application

Site address:							
Property own	er inf	orm	ation				
Name:							
Phone number:							
Sign informat	tion						
Installer's name:	•						
Address:							
Phone number:				_ Email:			
Proposed sign:	Ne	•W	Temporary	Relocat	e F	Repair	Remove
Sign type:	Wa	all	Freestanding	Incident	al	Other	
Temporary sign style:	Bann	er	Other		_		
Permanent sign style:	Cabin	et	Individual letter	Monumer	nt G	round	Pylon
If temporary, wh	nat are	the c	dates?				
Proposed sign	n info	rma	tion				
Freestanding s	signs						
			Height	Wid	th	Area (so	quare feet)
Sign face area							
Graphic/copy a	rea						
Sign base (monument or ground)							
If incidental bu	siness	signa	age is propose	d			
Dimensions							
Height above ground (top of face)							
Distance from fr	ont pr	opert	ty line:				
Distance from si	ide pro	pert	v line:				



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Distance to nearest freestanding sign:								
Lighting type:								
Construction materia	l:							
Copy message:								
Is the sign location ou	ıtside of all easemer	nts?						
Wall signs								
	Height	Width	Area (square feet)					
Sign face area								
Graphic/copy area								
Sign band								
If incidental business	s signage is propose	d						
Dimensions								
Where will they be located?								
Distance from edge o	f bay or building:							
Lighting type:								
Copy message:								
By signing below, I ce belief.	rtify that the above	is true to the best o	of my knowledge and					
Applicant signature		Date						
For office use								
Received scaled s	site plan/building ele	evation plan						
Received scaled sign designReceived other information as requested by the city								
								Date received:
$P_{V^{c}}$								