



4141 Douglas Drive North
 Crystal, MN 55422
 Phone: (763) 531-1000 Fax: (763) 531-1188
 Website: www.crystalmn.gov

Application for Sign Permit

Date _____ Permit No. _____ Rec'd by/Date _____

Site Address	_____
Tenant/Bldg Name	_____

Applicant: Owner _____ Contractor _____

Property Owner	Name/Company _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____
Contractor	Company _____ Phone No. _____
	Contact Person (Print) _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____

Sign Permit Type:	<input type="checkbox"/> 01 - Wall	<input type="checkbox"/> 02 - Free Standing	<input type="checkbox"/> 03 - Roof	<input type="checkbox"/> 04 - Projecting
	<input type="checkbox"/> 05 - Off Premise	<input type="checkbox"/> 06 - Temporary	<input type="checkbox"/> 07 - Portable	
Work Type:	<input type="checkbox"/> 01 - New	<input type="checkbox"/> 03 - Alteration		
Office Use Required Inspections	<input type="checkbox"/> 11 - Footing	<input type="checkbox"/> 15 - Final	<input type="checkbox"/> 28 - No Insp Needed	

Description of Sign	
Material _____	
Sign: Width _____	Height _____ Square Feet _____
If sign is temporary or portable, date to be displayed: _____ to _____	

(Over)

Note: Two detailed sketches must accompany this application and include the following:

- * Proposed location of the sign
- * Height and width of the sign face
- * Height and width of the wall of the building or store front on which a proposed wall sign is to be located
(a wall sign may not exceed 10% of the area of the wall it is on)
- * Height of any free-standing sign

Sample Sketch

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Crystal to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Crystal and the State of Minnesota.

_____/_____
Applicant's Signature/Date

Office Use Only

Permit Fee	\$ _____
State Surcharge Fee	\$ _____
Other	\$ _____
Total Fees	\$ _____

Conditions of approval:

Date: _____

Permit approved by: _____