

APPLICATION FOR SIGN PERMIT
CITY OF CANBY
110 OSCAR AVENUE NORTH
CANBY, MN 56220

PHONE: 507-223-7295

FAX: 507-223-5170

Property Owner

| | | |
|------------------------|--------------|------------|
| Name: _____ | Phone: _____ | |
| Address: _____ | | |
| City: _____ | State: _____ | Zip: _____ |
| Email Address _____ | | |
| Location of Sign _____ | | |
| Business Name _____ | | |

Sign Contractor

| | | |
|----------------|-----------------------|------------|
| Name: _____ | Contact Person: _____ | |
| Address: _____ | | |
| City: _____ | State: _____ | Zip: _____ |
| Phone: _____ | Email: _____ | |

Sign Details

| | | |
|---|--------------------------------|---|
| Sign Dimensions: Length: _____ | Height: _____ | Sq. Ft: _____ |
| Sign Height: If Freestanding: _____ | Material: _____ | |
| Location on the Building: <input type="checkbox"/> North | <input type="checkbox"/> South | <input type="checkbox"/> East <input type="checkbox"/> West |
| Illumination: Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, Type: _____ | |
| If on MN DOT Right of Way, have you checked with them? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Please Provide Information on what MN DOT stated _____ | | |

| | |
|----------------------------------|--------------------------------|
| Set Backs: | |
| From Front Property Line: _____ | From Side Property Line: _____ |
| From Driveway/Parking Lot: _____ | From Building: _____ |

I hereby certify that the information provided in this application is true, correct and complete to the best of my knowledge and belief. I hereby authorize the City of Canby and any agent or employee of it, to inspect the proposed site at any reasonable time before and after any permit is issued related to this request.

Attached Documents: (Required to be submitted with the application)

- Attach a plan showing the sign size, location, lettering colors, and type of material to be used.
- Sign Message
- Structural Drawings for Free Standing Signs
- Site Plan Showing: Location of building on the lot, Street names, Location of proposed signs and setbacks, and Placement of existing sign

| | |
|--------------------------|------|
| Property Owner Signature | Date |
|--------------------------|------|

FOR OFFICE USE ONLY

Planning & Zoning Approved: _____ Denied _____

Findings of Facts for Approval or Denial _____

Signature of Zoning Administrator _____