



City of Albertville
5959 Main Ave, P.O. Box 9
Albertville, MN 55301-0009
Phone: 763-497-3384, ext 103 Fax: 763-497-3210

Received Stamp

TEMPORARY SIGN PERMIT

Please print or type all information. **Property Owners Approval is required for Temporary Signs by signature below or letter of approval submitted with application.**

Applicant Name: _____ Address: _____

Applicants Phone: _____

Applicant is (please check one) Owner Contractor Other

Property Address: _____

Property Owner's Name _____

Owners Signature * Required _____

Street Address _____

Phone Number _____

City _____

State _____ Zip Code _____

Sign Contractor's Name _____

Telephone Number _____

Street Address _____

City _____

State _____ Zip Code _____

Temporary Signage Information: **Permit Fee: \$25.00 for 14 days** **Check No./Cash** _____

Business/Development Name: _____

Location of Sign on Property: **(MUST INCLUDE A LOT SURVEY OR PARKING LOT DETAIL)**

Sign Message: _____

Length of Permit: _____ days Expires: _____ No. Issued this Year: _____

Width: _____ X Height: _____ = Total Square Footage _____

Sign Permits will not be processed if Incomplete

I hereby certify that I have furnished information on this application, which is to the best of my knowledge true and correct. I also certify that I am the owner or authorized agent for the above mentioned property and that all construction will conform to all existing state and local laws and will proceed in accordance with submitted plans. I am aware that this permit can be revoked for just cause. Furthermore, I hereby agree that the City Official or a designee may enter upon the property to perform needed inspections.

Signature of Applicant

Date:

Building Official Signature

Date Approved: