



BUILDING PERMIT APPLICATION
 5959 Main Avenue
 Albertville, MN 55301
 Phone: 763-497-3384 Fax 763-497-3210

Date Received _____
 Date Notified _____
 Date Paid _____
 Ck, Cash, CC _____
 Permit # _____

Site Address: _____
Business Name: _____
The Applicant is: _____ Owner _____ Contractor _____ Tenant

Legal Description:
 Addition _____ Lot _____ Block _____

Owner:
 Name _____ Address _____
 City _____ St _____ Zip _____
 Phone (H) _____ (W) _____ (C) _____

Contractor:
 Company Name _____ License # _____
 Address _____ City _____ St _____ Zip _____

Contact Person _____
 Phone: (W) _____ (C) _____ (Fax) _____

Architect:
 Name _____ Address _____
 City _____ St _____ Zip _____
 Phone (W) _____ (C) _____ (Fax) _____

- Type of Work:**
- | | | | |
|---|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> New Construction Residential | <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration | <input type="checkbox"/> Finish Bsmt |
| <input type="checkbox"/> New Construction Commercial | <input type="checkbox"/> Garage/Shed | <input type="checkbox"/> Reside/Reroof | <input type="checkbox"/> Fireplace |
| <input type="checkbox"/> Tenant Finish | <input type="checkbox"/> Plbg | <input type="checkbox"/> Htg | <input type="checkbox"/> Deck |

Description of Work: _____

Size of Structure:	Total Square Footage:
Length _____	First Floor _____
Width _____	Second Floor _____
Height _____	Basement _____
	Garage _____

Estimated Valuation of Work: _____

I hereby apply for the above consideration and declare that the information and materials submitted with this application are in compliance with City Ordinance and Policy Requirements and are complete and accurate to the best of my knowledge.

I understand that all City incurred professional fees and expenses associated with the processing of this request are the responsibility of the property owner and/or applicant and should be promptly paid. If payment is not received from the applicant, the property owner acknowledges and agrees to be responsible for the unpaid fee balance either by direct payment or a special assessment against the property. If the property fee owner is not the applicant, the applicant must provide written authorization by the owner to make application.

Applicants Signature _____ Applicants Printed Name _____ Date _____

BUILDING PERMIT FEES	
Permit	_____
Surcharge	_____
Plan Check	_____
Engineering (site)	_____
Mechanical	_____
Fireplace (s)	_____
Plumbing	_____
S & W	_____
Water Meter	_____
City WAC	_____
JP WAC	_____
SAC	_____
Storm Water	_____
License Check	_____
Other	_____
TOTAL	_____
Type of Const.	_____
Use of Bldg	_____
Occupancy Group	_____
Occupancy Load	_____
Zoning	_____
Code Used	_____
Are Fire Sprinklers Required?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Dept.	Date _____ Approved _____
City Engineer	_____
City Planner	_____
Public Works	_____

Approved by Building Official _____ Value Approved _____ Date _____

Special Conditions or Comments: _____



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

Received Stamp

PERMANENT SIGN PERMIT APPLICATION

Please print or type all information. Complete all applicable items on both pages. **A Building Permit Application must accompany each Permanent Sign Permit Application.** Property Owners/Landlords Approval is required for Permanent Signs by signature below or letter of approval submitted with application.

Property Address: _____

PID#: _____

Applicant Name: _____ Address: _____

Applicant City: _____ State _____ Zip _____

Applicants Phone: _____ Email: _____

Applicant is (please check one) Owner Contractor Other

Property Owner's Name _____

Owners Signature * Required _____

Street Address _____

Phone Number _____

City _____

State _____ Zip Code _____

Sign Contractor's Name _____

Telephone Number _____

Street Address _____

Email _____

City _____

State _____ Zip Code _____

Class of Work: New Addition Alteration Repair Demolition

***Please complete the following two pages to provide the necessary information for a complete sign permit review.**

<i>Sign Types</i>	<i>Sign Faces</i>	<i>Sign Frames</i>	<i>Sign Supports</i>	<i>Class</i>
Wall	Plastic	Plastic	Plastic	Business
Freestanding	Metal	Metal	Metal	Nameplate
Temporary	Aluminum	Aluminum	Aluminum	Advertising
Billboard	Steel	Steel	Steel	Directional
Monument	Plastic	Wood	Footings	Nameplate

<i>Illuminated</i>
Yes ____ * See below
No ____

Note: Please complete the following section by indicating the terms listed above in the columns provided for each sign. If more columns are needed, use an additional form.

	<i>Sample</i>	Sign 1	Sign 2	Sign 3
Type	<i>Wall</i>			
Quantity	<i>1</i>			
Face	<i>Plastic</i>			
Frame	<i>Plastic</i>			
Support	<i>Building</i>			
Class	<i>Business</i>			
Illuminated	<i>NO</i>			
Length	<i>4 feet</i>			
Width	<i>4 feet</i>			
Square Feet	<i>16 square feet</i>			

In addition, sign permit applications must be submitted with the following information in order to be processed and reviewed for City approval:

Site Location:

1. **For ground signs**, provide a survey or aerial photo showing the proposed sign site. The survey or aerial photo should provide a graphic scale and should indicate the location of both existing and proposed signs relative to lot lines, buildings, structures, etc..
2. **For building signs (wall, window, blade, etc.)**, identify on which building façades (east, west, front, side, etc.) signs will be placed, and provide a scaled graphic of each affected building façade, with both existing and proposed signs indicated.
3. If the sign is associated with a multiple tenant building indicate the location of the tenant bay within the site via description or site map. Specify name of commercial development & location.

Building Information:

1. Wall signs cannot exceed 15% of the building façade or tenant bay fronting on a public street for commercial development, or 10% of the building façade for industrial development. Provide the building façade or tenant bay dimensions: **(See Exhibit A & B)**

Width _____ (feet) x Height _____ (feet) = Total wall surface _____ (square feet)

Wall Sign Information:

1. Provide an illustration of the proposed sign showing the signs size:

Width _____ (feet) x Height _____ (feet) = Total sign area _____ (square feet)

2. Provide wall sign construction details illustrating wall mounting methods.
3. Identify the number and area (square feet) of existing wall signs on each building façade.

Ground Sign Information:

1. Provide an illustration of the proposed ground sign showing:
 - a. The dimension of the total sign surface. Identify number of sign faces.
 - b. Detail on the height and dimensions of the support structure or sign base.
 - c. Total sign height.
2. Provide ground sign construction details identifying sign material and color.

***Illumination Information:**

1. Provide a detailed description of any electrical components that are proposed with a building or ground sign. Identify electrical connections, methods of illumination, and electricity needed. Demonstrate that illumination will not exceed 500 lumens per square foot.
2. Verify that the sign will be wired to conform to the electrical code of the state of Minnesota.

Changeable Copy Sign Information:

1. Provide all required wall or ground sign information listed above (depending on where changeable copy sign will be mounted).
2. Provide all required illumination information listed above.
3. Provide a site plan showing sign location and setback from nearest residential zoning district.
4. Indicate ratio/percentage of changeable copy sign in comparison to total wall or ground sign face area.
5. Identify length of time on message change intervals.

Applicants Signature

Date

Building Official Signature

Date

Special Approvals:

** Monument & Free
Standing Signs
ONLY unless noted*

	Date Routed	Approved
Building Official	_____	_____
Public Works Supervisor *	_____	_____
Wastewater Superintendent *	_____	_____
City Engineer *	_____	_____
Other	_____	_____