



**SIGN PERMIT APPLICATION  
CITY OF MOOSE LAKE**

Address of sign location: \_\_\_\_\_

Legal description of property: \_\_\_\_\_

Zoning District: \_\_\_\_\_

If this application is for an interstate billboard please contact Mn/DOT or visit their website: <http://www.dot.state.mn.us/roadsidesbillboardsifilesioa-control.pdf>

Use of Property:      Commercial  Residential  Industrial   
Other

Is the sign application for: New sign       Sign expansion/addition/alteration

Type of Sign (choose one from each column):

- |                                    |  |  |
|------------------------------------|--|--|
| Temporary <input type="checkbox"/> | Wall <input type="checkbox"/>                | Externally illuminated <input type="checkbox"/>    |
| Permanent <input type="checkbox"/> | Freestanding (Pole) <input type="checkbox"/> | Internally illuminated <input type="checkbox"/>    |
|                                    | Monument <input type="checkbox"/>            | Electronic Message Center <input type="checkbox"/> |
|                                    |  | No Illumination <input type="checkbox"/>           |

Identify and describe the proposed work completely including size, height, location, materials, colors and lighting to be used. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there existing signage on the property? If yes, please describe use, ownership, location, size, height, materials, colors and lighting to be used.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Size; \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ sq.ft.

Height: From grade to top of sign = \_\_\_\_\_ ft.

Attachments:

- Color rendering of sign
- Photo of sign location on property
- Site plan of property

I certify that I am the owner or authorized agent of the owner of the above property and that all construction will conform to existing State laws and local ordinances.

Signature of Applicant	Address
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Date	Phone Number
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E-mail Address	_____
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*For Internal Use Only*

Date completed application received (including fee): \_\_\_\_\_

Additional information requested: \_\_\_\_\_

Approved  Permit # \_\_\_\_\_ Date \_\_\_\_\_

Denied  Date \_\_\_\_\_

\_\_\_\_\_

If denied, state reason why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator