

SIGN PERMIT APPLICATION

1410 Kansas Avenue • Benson, MN 56215
 Phone: 320-843-4775

Date: _____

_____		_____		_____	
Applicant's Name		Parcel # & Address of Sign Location		Zoning District	
_____		_____		_____	
Owner's Name (if different than applicant)		Owner's Address		_____	
_____		_____		_____	
Property Owner's Name		Property Owner's Address		_____	
_____		_____		_____	
Sign Contractor		Contractor's Address		_____	
_____		_____		_____	
Applicant's Ph. No.		Owner's Ph. No.		Contractor's Ph. No.	
_____		_____		_____	
Type of Sign		Height x Width - Area (Sq. Ft.)		_____	
_____		_____		_____	
Overall Height	Setback	Vehicular Clearance	Pedestrian Clearance	_____	
_____	_____	_____	_____	_____	
Comments: _____					

PERMIT DETERMINATION					
Approved: _____			Applicant's Signature _____		
Denied: _____			_____		
Date: _____			Zoning Administrator's Signature _____		
ATTENTION: Right-of-Way Location Verification is the Responsibility of the Applicant					