City of Maple Grove
Attn: Barb Bogen
12800 Arbor Lakes Pkwy
P. O. Box 1180
Maple Grove, MN 55311-6180
763-494-6044 FAX: 763-494-6425

TEMPORARY SIGN APPLICATION/PERMIT FEE: $5.00

Applicant: _____ **Phone:** _____

Address: _____

Address of Proposed Sign: _____

Property Owner: _____ **Phone:** _____

SIGN SPECIFICATIONS

Type Of Sign (Banner, Pennant, Searchlight, Etc.): _____

Message: _____

Size (Not to exceed 40 square feet): Length: _____ Width: _____

Total Sign Area: _____

Illumination: Yes _____ No _____ If yes, how? _____

Permit applications **must be accompanied** by an accurately dimensioned drawing of the sign.

APPLICATION AGREEMENT

The undersigned hereby makes application for a temporary sign permit as herein specified and hereby declares that the information submitted with this application is true and correct.

_____ _____

Signature **Date**

For Office Use

Zone District: _____ Setback: _____ # Of Permits Past Year: _____

Date Paid: _____ Payment Type: _____ Permit No.: _____

Sign Valid From: _____ To: _____

Comments: _____

_____

Inspector Approval: _____ Date: _____