

City of Virginia Sign Permit Application

Engineering Department

327 First Street South, Virginia, MN 55792

Phone (218) 748 -7500

Fax (218) 749 -3580

Date: _____

Permit No. _____

Receipt No. _____

| | | | | | | | |
|--------------------|---|--------------|---------------|------------------|--------------------------------------|----------------|--------------|
| SITE | Site Location | | Lot | Block | Addition | | |
| | Legal Description | | | | Parcel Code | | |
| | LOT SIZE | WIDTH | DEPTH | FRONT SETBACK | SIDE SETBACK | SIDE SETBACK | REAR SETBACK |
| OWNER | Owner | | | | Contact Person | | |
| | Owner Address | | | | Phone | | |
| | City, State, Zip | | | | Fax No. | | |
| CONTR. | Contractor | | | License No. | | Contact Person | |
| | Contractor Address | | | | Phone No. | | |
| | City, State, Zip | | | | Fax No. | | |
| DESIGN FIRM | Designer | | | Registration No. | | Contact Person | |
| | Firm Address | | | | Phone No. | | |
| | City, State, Zip | | | | Fax No. | | |
| APPLICANT | Permit Applicant is <input type="checkbox"/> Owner <input type="checkbox"/> Designer <input type="checkbox"/> Contractor <input type="checkbox"/> Other; Specify _____ | | | | | | |
| | Applicant Name | | | | Applicant Phone No. | | |
| | Applicant Address | | | | Applicant Fax No. | | |
| PROJECT | Permit is for: <input type="checkbox"/> Build <input type="checkbox"/> Alter <input type="checkbox"/> New <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demolish <input type="checkbox"/> Other; Specify _____ | | | | | | |
| | Type of Permit: <input type="checkbox"/> General <input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Driveway <input type="checkbox"/> Fence <input type="checkbox"/> Other; Specify _____ | | | | | | |
| | Structure used as: <input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Garage <input type="checkbox"/> Signage <input type="checkbox"/> Other; Specify _____ | | | | | | |
| | STRUCTURE DETAILS | WIDTH | LENGTH | HEIGHT | ESTIMATED \$ VALUE OF PROJECT | | |

Details or comments _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provision of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant _____ Date _____

DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--------------------------------|-----------------|---|---------------------|--|----|
| Type of Const. | Occupancy Group | Max. Occupancy Load | | State Surcharge (minimum 50 cents) | \$ |
| Size of Bldg. (Total Sq. Feet) | Use Zone | Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No | | Permit Fee | \$ |
| Total Impervious Surfaces | | | | Plan Inspection Fee | \$ |
| SPECIAL APPROVALS | REQUIRED | RECEIVED | NOT REQUIRED | County Rec. Fee (if applicable, \$46.00) | \$ |
| Planning Commission | | | | City Rec. Fee (if applicable, \$5.00) | \$ |
| City Council | | | | TOTAL | \$ |
| Special Use | | | | | |
| Utility Verification | | | | | |