

CITY OF OLIVIA
1009 Lincoln Ave West
Olivia, MN 56277
Phone: 320.523.2361

PERMIT NO. _____
Date Received: _____
Parcel ID No: _____
Fee Amount: _____

SIGN PERMIT APPLICATION

Notice to applicant. A permit shall be required to erect any sign within the city limits of the City of Olivia. No sign shall be erected by any person until this permit application and plan for the proposed sign has been approved by the City of Olivia. The signage plan shall contain the following information.

SITE ADDRESS OR LOCATION: _____

ZONING DISTRICT: _____ NUMBER OF SIDES: _____ FRONT FOOTAGE OF PROPERTY: _____

SQUARE FOOTAGE OF SIGN: _____ HEIGHT (above grade): _____

SQUARE FOOTAGE OF SIGN: _____ VALUATION OF SIGN(S): _____

TYPE OF SIGN (DESCRIBE): _____

WILL THE SIGN BE LIGHTED? No Yes, How so: _____

The applicant must also supply with this Permit Application the following:

- ◆ Necessary sketches and supporting information of the sign, size, sign type and method of construction, building materials used and attachment to the building or placement method in the ground as applicable.
- ◆ Information on current signage as to type, size and location. City may require drawings to scale showing this information as well as showing existing buildings and location of lot lines.
- ◆ Copy of stress sheets and calculations showing that the structure is designed for dead load and wind pressure in any direction in the amount required by this and all other laws and ordinances for the city.
- ◆ Submit a picture/drawing of the proposed sign(s).

APPLICANT:

NAME _____ ADDRESS _____

PHONE NUMBER _____ EMAIL ADDRESS _____

PROPERTY OWNER:

NAME _____ ADDRESS _____

PHONE NUMBER _____ EMAIL ADDRESS _____

The undersigned hereby represents upon all the penalties of law, that all statements herein are true and that all signs will be constructed in accordance with the Code of the City of Olivia, the information provided in this application and all other applicable regulations.

APPLICANT SIGNATURE: _____ DATE: _____

OWNER SIGNATURE: _____
(WRITTEN CONSENT OF THE OWNER OR LESSEE OF ANY SITE ON WHICH THE SIGN IS TO BE ERECTED)

APPROVED <input type="checkbox"/>	_____
DENIED <input type="checkbox"/>	Jasmine Miller, Zoning Administrator jmillier@olivia.mn.us or 320.523.2361
	Date _____

VARIANCE <input type="checkbox"/>	DATE APPROVED _____	Document Filed: _____	<input type="checkbox"/> ATTACHED
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