



For Internal Use Only

Permit Fee: \$ _____

Receipt # _____

TEMPORARY SIGN PERMIT APPLICATION

\$45.00 Fee

Date Permit Issued: _____ Date Permit Expires: _____

Temporary Sign Location

Business Name: _____

Address: _____ PID Number: _____

Legal Description (required if no address have been assigned): _____

Applicant is (check one): Owner Contractor Tenant Other: _____

Type and Need

Portable Sign Banner Requested For: _____

Applicant Information

Name: _____

Address: _____
Street City State Zip

Phone (W): _____ Phone (H): _____ Fax: _____

Email: _____

Owner Information (If different from Applicant)

Name: _____

Address: _____
Street City State Zip

Phone (W): _____ Phone (H): _____ Fax: _____

Email: _____

Sign Contractor Information

(Contractor must sign application only if they are pulling the permit)

Company Name: _____ Contact Person's Name: _____

Address: _____
Street City State Zip

Phone (W): _____ Email: _____ Fax: _____

Contractor License #: _____ EPA Lead Firm Certification # _____

Baxter City Hall, PO Box 2626, 13190 Memorywood Drive, Baxter, MN 56425

www.baxtermn.gov

email: cityhall@baxtermn.gov

Revised 06/28/13

Display Time Request

Number of months: _____ Date of Request: _____
(Not to exceed 90 days or 3 months)

**If not in consecutive months, please provide the months the sign will be displayed.

Size

Sign Size: _____ X _____ = _____ sq. ft. (Not exceed thirty two (32) square feet in size for commercial districts and sixteen (16) square feet for residential districts.)

Building face where sign is located (if applicable): _____ X _____ = _____ sq. ft. (Up to ten percent (10%) of any face of the building may be dedicated to signage in addition to the aggregate maximum for cumulative signage.)

Sign setback from road right-of-way: _____ft. (A minimum of ten feet (10') sign setback from any road right-of-way is required. **Does not apply if placed on building.)

Please attach a site plan drawing showing the sign location on the property and the setback requirements.

Applicant's Signature _____ **Date** _____

Applicant's Printed Name _____

Owner's Signature _____ **Date** _____

Owner's Printed Name _____

Zoning Department Approval

Name: _____ Date _____

Title: _____