



APPLICATION FOR SIGN PERMIT

CITY OF JORDAN
210 EAST FIRST STREET
JORDAN, MN 55352
952-492-2535

APPLICANT NAME: _____ WORK PHONE: _____

HOME PHONE: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I/We, the undersigned, hereby make the following application to the City Council and Planning Commission of the City of Jordan, Scott County, Minnesota. (Applicants have the responsibility of checking all applicable ordinances pertaining to their application and complying with all ordinance requirements):

1. Application is hereby made for to construct or install a sign at the following address:

2. Legal description of land affected by the application:

3. Name, address and phone number of present owner of above described land:

4. Zoning District in which the sign will be located:

5. Type of sign: _____ Free-standing pole sign _____ Ground mounted free standing _____ Temporary Sign
_____ Sign affixed to surface of the building _____ Sign on an awning or canopy _____ Directional _____ Mural

6. Sign Dimensions: _____ Height _____ Width _____ Length _____ Total Square Feet

7. Number of faces on the sign: _____ One _____ Two

8. Proposed setbacks: _____ (feet) Front yard _____ (feet) Side 1 _____ (feet) Side 2 _____ (feet) Rear yard

9. If any other signs are currently located on the site, please provide total square footage of existing sign or signs anticipated to be removed:

10. Will the sign be lit? _____ Yes _____ No. If yes, provide a description of the lighting.

11. Attach copies of a site plan illustrating the proposed location of the sign(s) and a drawing depicting the sign, both with dimensions/setbacks clearly defined. No sign shall be placed in an easement or public right-of-way.

**All signs must comply with Chapter 154 Zoning Ordinance SEC. 154.240 and other applicable codes.*

*** A building permit may also be required depending on the size and location of the sign.*

I certify that all information submitted is true and correct.

Applicant Signature: _____ Date: _____

Owners' Signature(s): _____ Date: _____

_____ Date: _____

FOR OFFICE USE ONLY

DATE SUBMITTED: _____ DATE COMPLETE: _____ IF INCOMPLETE, DATE LETTER SENT TO APPLICANT: _____

FEE PAID: _____ DATE FEE PAID: _____ FILE # _____

APPROVED _____ DENIED _____ BY: _____

DATE OF ACTION: _____

DATE APPLICANT/PROPERTY OWNER NOTIFIED OF CITY STAFF ACTION: _____

DATE SIGN PERMIT ADDED TO PROPERTY ADDRESS FILE: _____