

APPLICATION FOR SIGN PERMIT DOUGLAS COUNTY, MINNESOTA  
ALEXANDRIA, MN 56308 (612) 762-2381  
ZONING DEPARTMENT -- COUNTY COURT HOUSE

Date \_\_\_\_\_ Parcel # \_\_\_\_\_ Permit # \_\_\_\_\_

Legal Description \_\_\_\_\_

Land Class. \_\_\_\_\_ Road Type \_\_\_\_\_ Township \_\_\_\_\_ Section \_\_\_\_\_

	Last Name	First	Initial
Sign Owner	_____	_____	_____
Mailing Address	_____	_____	_____

Land Owner \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Contractor \_\_\_\_\_

Height \_\_\_\_\_ Length \_\_\_\_\_ Surface Area \_\_\_\_\_

Distance from Ground to Sign \_\_\_\_\_ Distance from Adjacent Sign \_\_\_\_\_

Distance from Center Line of Road \_\_\_\_\_

Date of Completion \_\_\_\_\_ Inspection Date \_\_\_\_\_

Application Taken By \_\_\_\_\_ Fee - \$75.00 (non-refundable)

Signature of Sign Owner \_\_\_\_\_

Agreement: I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance with the description above set forth. I further agree that any plans and specifications submitted shall become a part of this application. I also understand that this permit is valid for a period of 90 days.

Date \_\_\_\_\_

Signature of Owner

Work Authorized and Permitted by \_\_\_\_\_ Date \_\_\_\_\_

Director

Comments/Stipulations \_\_\_\_\_