City of Oak Park Heights
14168 Oak Park Blvd. N., Oak Park Heights, MN 55082

Phone: (651) 439.4439 Fax: (651) 439.0574

SIGN PERMIT APPLICATION

Contractor:_____
Applicants Name:_____
Address:_____
City / State / Zip:_____
Phone #:_____ Fax #_____
City License #_____ E-Mail_____

Owner:_____
Address:_____
City / State / Zip:_____
Phone Number:_____ E-Mail_____

Zoning requirements can be obtained from our web site (www.ccityofooakparkheight.com) in City Information, Ordinances, Section, 401.15.G. Should you have any questions please call us. We will do our very best to answer your questions. Please provide the following information:

Wall Size: (North) Width_____ Height_____ Square Feet_____
(South) Width_____ Height_____ Square Feet_____
(East) Width_____ Height_____ Square Feet _____
(West) Width_____ Height_____ Square Feet _____
Sign Size: (North) Width_____ Height_____ Square Feet_____
(South) Width_____ Height_____ Square Feet_____
(East) Width_____ Height_____ Square Feet_____
(West) Width_____ Height_____ Square Feet_____
Pylon or Monument Sign: Width_____ Height_____ Square Feet _____
Height from grade to top of the Sign_____ Setback from Property Line_____

Submit Colored / Scale drawing for all off the proposed signs.

Separate permits are required for electrical, plumbing, and heating. This permit becomes null and void if work or construction authorized has not commenced within 180 days, or if work is suspended or abandoned for a period of 180 days. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions 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.

_____**Date:**_____
Applicant's Signature

Project Address _____ **Valuation** _____

FOR OFFICIAL USE ONLY

Total number of Signs_____ **TOTAL PERMIT FEE $**_____