SIGN PERMIT APPLICATION **METROPOLITAN AIRPORTS COMMISSION**

6040-28TH AVENUE SOUTH MINNEAPOLIS, MN 55450-2799

612-467-0425(ph) Email to MACPermits@mspmac.org

OFFICE USE ONLY: PERMIT NUMBER: PROJECT NUMBER: DATE: MAC NUMBER: SITE ADDRESS: PROJECT VALUATION/BID AWARD AMOUNT \$:_____ PHONE NUMBER: PROJ. MANGER NAME: □ ARCHITECT □ ENGINEER APPLICANT IS:

CONTRACTOR □ OTHER PROPERTY OWNER/TENANT NAME NAME: ADDRESS: ST____ZIP CODE:___ CITY: CONTACT PERSON: PHONE NUMBER: CONTRACTOR NAME: ADDRESS: ST___ZIP CODE____ CITY:____ CONTACT PERSON PHONE NUMBER____ Email :____ ARCHITECT/ENGINEER NAME ADDRESS _____ ST___ZIP CODE CITY CONTACT PERSON_____PHONE NUMBER_ Email :____ REGISTRATION NUMBER_____ CLASS OF WORK (CHECK ONE ONLY)

NEW

ADDITION

ALTERATION/REMODEL

MAINTENANCE/REPAIR/REPLACE TYPE OF STRUCTURE-CHECK ONE ONLY

| OFFICES, BANKS, PROFESSIONAL |
|---------------------------------|
| STORES, RESTAURANTS, WAREHOUSE |
| HOTELS, MOTELS |
| PARKING GARAGE |
| OTHER NON HOUSEKEEPING SHELTER |
| INDUSTRIAL BUILDINGS |
| PUBLIC WORKS/UTILITIES BUILDING |

| CHURCHES/RELIGIOUS BUILDINGS |
|--------------------------------------|
| HOSPITAL AND INSTITUTIONAL BUILDINGS |
| SERVICE STATIONS/REPAIR GARAGE |
| RECREATIONAL, AMUSEMENT |
| OTHER NON-RESIDENTIAL |
| FENCES, SIGNS, ANTENNAS |
| OTHER NON-BUILDING STRUCTURES |

PLEASE COMPLETE OTHER SIDE

| SIGN TYPE | | WORK T | YPE | SIGN DIMENSIONS | | | | |
|--|-------|--------------|---------------|------------------------|--|--|--|--|
| | | | | | | | | |
| □ WALL SIGN | | MANENT SIGN | | LENGTH- | | | | |
| □ PYLON SIGN | | MPORARY SIGN | | HEIGHT- WIDTH- | | | | |
| ☐ MONUMENT ☐ OTHER | OTI | 1EK | | SQUARE FOOTAGE- | | | | |
| OTHER | | | | ☐ SIGN IS DOUBLE-FACED | | | | |
| | | | | ☐ SIGN IS SINGLE-FACED | | | | |
| Sign is electrical:YesNo | | | | | | | | |
| DESCRIPTION OF SIGN COPY-SIGN MESSAGE | | | | | | | | |
| DESCRIPTION OF WORK: | | | | | | | | |
| APPLICANT'S SIGNATURE DATE | | | | | | | | |
| OFFICE USE ONLY | | | | | | | | |
| | | | | | | | | |
| PROJECT TITLE OFFICE VALUATION (EXCLUDING LAND)\$ | | | | | | | | |
| CONDITIONS OF ISSUANCE: | | | | | | | | |
| | | | | | | | | |
| FEE INFORMATION | | | | | | | | |
| PLAN REVIEW FEE | | | | | | | | |
| OTHER PERMIT FEES:\$ | | _ | | | | | | |
| ADDITIONAL INSPECTIONS | □ YES | □ NO | TYPE | | | | | |
| OTHER PLAN REVIEW FEES | □ YES | □ NO | AMOUNT\$ | | | | | |
| PLAN CHANGES/REVISIONS | □ YES | □ NO | NUMBER OF HOU | RS | | | | |
| PERMIT APPLICATION APPROVED BY:DATE: | | | | | | | | |
| PERMIT PROCESSED BY: | DATE: | | | | | | | |