SIGN PERMIT APPLICATION
METROPOLITAN AIRPORTS COMMISSION
6040-28TH AVENUE SOUTH
MINNEAPOLIS, MN  55450-2799
612-467-0425(ph)     612-713-7440 (fx)

DATE:________________________________________  MAC NUMBER:_________________________________________________________

SITE ADDRESS:____________________________________________________________________________________________________

PROJECT VALUATION/BID AWARD AMOUNT $:_________________________________________________________________________

PROJ. MANGER NAME:_____________________________________________ PHONE NUMBER:__________________________________________

APPLICANT IS: □ CONTRACTOR  □ ARCHITECT  □ ENGINEER  □ OTHER

PROPERTY OWNER/TENANT NAME

NAME:_____________________________________________________________________________________________________________

ADDRESS:_________________________________________________________________________________________________________

CITY:__________________________________________________________________ST_____________ZIP CODE:______________________

CONTACT PERSON:____________________________________________________ PHONE NUMBER:_______________________________________

CONTRACTOR

NAME:_____________________________________________________________________________________________________________

ADDRESS:_________________________________________________________________________________________________________

CITY:__________________________________________________________________ST_____________ZIP CODE:______________________

CONTACT PERSON:____________________________________________________ PHONE NUMBER:_______________________________________

ARCHITECT/ENGINEER

NAME:_____________________________________________________________________________________________________________

ADDRESS:_________________________________________________________________________________________________________

CITY:__________________________________________________________________ST_____________ZIP CODE:______________________

CONTACT PERSON:____________________________________________________ PHONE NUMBER:_______________________________________

REGISTRATION NUMBER:____________________________________________________________________________________________

CLASS OF WORK (CHECK ONE ONLY) □ NEW  □ ADDITION  □ ALTERATION/REMODEL  □ MAINTENANCE/REPAIR/REPLACE

TYPE OF STRUCTURE-CHECK ONE ONLY

□ OFFICES, BANKS, PROFESSIONAL  □ CHURCHES/RELIGIOUS BUILDINGS
□ STORES, RESTAURANTS, WAREHOUSE  □ HOSPITAL AND INSTITUTIONAL BUILDINGS
□ HOTELS, MOTELS  □ SERVICE STATIONS/REPAIR GARAGE
□ PARKING GARAGE  □ RECREATIONAL, AMUSEMENT
□ OTHER NON HOUSEKEEPING SHELTER  □ OTHER NON-RESIDENTIAL
□ INDUSTRIAL BUILDINGS  □ FENCES, SIGNS, ANTENNAS
□ PUBLIC WORKS/UTILITIES BUILDING  □ OTHER NON-BUILDING STRUCTURES

PLEASE COMPLETE OTHER SIDE
SIGN TYPE | WORK TYPE | SIGN DIMENSIONS
---|---|---
☐ WALL SIGN | ☐ PERMANENT SIGN | LENGTH-
☐ PYLON SIGN | ☐ TEMPORARY SIGN | HEIGHT-
☐ MONUMENT | ☐ OTHER | WIDTH-
☐ OTHER | | SQUARE FOOTAGE-
☐ SIGN IS DOUBLE-FACED
☐ SIGN IS SINGLE-FACED

Sign is electrical: _____ Yes _____ No

DESCRIPTION OF SIGN COPY-SIGN MESSAGE

DESCRIPTION OF WORK:

I HEREBY APPLY FOR A SIGN PERMIT AND I ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; THAT THE WORK WILL BE IN CONFORMANCE WITH THE ORDINANCE AND CODES OF THE METROPOLITAN AIRPORTS COMMISSION AND WITH THE MINNESOTA BUILDING CODES; THAT I UNDERSTAND THIS IS NOT A PERMIT BUT ONLY AN APPLICATION FOR PERMIT AND WORK IS NOT TO START WITHOUT A PERMIT; THAT THE WORK WILL BE IN ACCORDANCE WITH THE APPROVED PLAN IN THE CASE OF ALL WORK WHICH REQUIRES REVIEW AND APPROVAL OF PLANS.

APPLICANT’S SIGNATURE __________________________ DATE: _____________________

OFFICE USE ONLY

PROJECT TITLE ________________________________________________________________

OFFICE VALUATION (EXCLUDING LAND)$ __________________________

CONDITIONS OF ISSUANCE: _____________________________________________________

______________________________________________

FEE INFORMATION

PLAN REVIEW FEE ☐ YES ☐ NO INVESTIGATION FEE ☐ YES ☐ NO

OTHER PERMIT FEES:$ __________________________

ADDITIONAL INSPECTIONS ☐ YES ☐ NO TYPE __________________________

OTHER PLAN REVIEW FEES ☐ YES ☐ NO AMOUNTS __________________________

PLAN CHANGES/REVISIONS ☐ YES ☐ NO NUMBER OF HOURS __________________

PERMIT APPLICATION APPROVED BY: __________________________ DATE: __________________

PERMIT PROCESSED BY: __________________________ DATE: __________________