

City of Lake City

Application for a Sign Permit

Planning and Community Development
 205 W. Center Street, Lake City, MN 55041
 Phone 651.345.5383 • Fax 651.345.3208
www.ci.lake-city.mn.us

Permit Number _____
 Date Received _____
 Fee _____
 Receipt # _____

This signed application becomes a valid permit upon payment and approval by the City of Lake City

Location of Sign	
Address	Property ID
Applicant Information	
Name	Phone
Address	City, State, Zip
Property Owner Information	
Name	Phone
Address	City, State, Zip

Sign Type	Dimensions & Area (sq. ft.)	Sign Description:
<input type="checkbox"/> Neighborhood Sign		
<input type="checkbox"/> Wall Sign		
<input type="checkbox"/> Awning or Canopy Sign		
<input type="checkbox"/> Freestanding Sign		
<input type="checkbox"/> Projecting Sign		
<input type="checkbox"/> Murals or Painted Sign		
<input type="checkbox"/> Directional Sign		
<input type="checkbox"/> Changeable Message Sign		
<input type="checkbox"/> A-Frame Sign		
<input type="checkbox"/> Temporary Sign		
<input type="checkbox"/> Other		
Attach the following:		Lighting:
<ol style="list-style-type: none"> A sketch of the proposed sign with dimensions A photo or drawing of the building indicating location of the sign A site plan showing all property lines and dimensions for free standing signs 		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:

I hereby certify that I have furnished information on this application which is, to the best of my knowledge, true and correct. I also certify that I am the owner or authorized agent for the above-mentioned property, and that all construction will conform to all existing state and local laws and will proceed in accordance with submitted plans. I will abide by all sign ordinances and display my sign as indicated on this application. I am aware that the City can revoke this permit for just cause.

Applicant Signature _____ Date _____

Administrative Section		
Zoning District _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reviewed By: _____