



City of Rochester
Building Safety Department
 2122 Campus Dr SE, Suite 300
 Rochester MN 55904-4744
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www.rochestermn.gov

SIGN Permit Application

Office Use Only	(3/05)
App. No. _____	

Date _____ Tenant/Building Name _____

Site Address _____
Number Street Suite/Unit No.

Subdivision and/or Addition	Block	Lot	Plat	Parcel

Applicant is: Owner Contractor/Installer Other (describe) _____

Owner	Name _____ Phone (____) _____ <small>Last First MI</small>
	Address _____
	City _____ State _____ Zip Code _____

Contractor	Company _____ Phone (____) _____
	Name _____ Roch. Contr. No. _____ <small>Last First MI</small>
	Address _____ Sign Lic. No. _____
	City _____ State _____ Zip Code _____

Engineer/ Designer	Company _____ Phone (____) _____
	Name _____ Registration No. _____ <small>Last First MI (State of MN)</small>
	Address _____
	City _____ State _____ Zip Code _____

Sign Type <small>(check one)</small>	<input type="checkbox"/> Advertising Sign: A sign that directs attention to a business, service, event or location <u>not</u> related to or on the premises where the sign is located.
	<input type="checkbox"/> Business Sign: A sign that directs attention to a business, service, event, or commodity sold or conducted on the premises where the sign is located.

Valuation	Total valuation of work \$ _____ (materials and labor)
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- All professional sign installers must be licensed by the City of Rochester
- Applications for sign permits must be accompanied by the following information:
 - 1) An accurately dimensioned site plan showing the proposed location of the sign on the property and/or wall elevation sketch (for wall sign only).
 - 2) An accurately dimensioned drawing of the sign indicating the following:
 - support system
 - sign material, dimensions and height
 - size of the lettering
 - content of the message on the sign
 - 3) A statement as to the type of lighting which will be used to illuminate the sign. (If illuminated, must be approved by a nationally recognized testing lab.)

PLEASE CONTINUE ON OTHER SIDE

DESCRIPTION OF WORK (Please complete appropriate section)
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Advertising Sign
(R502)

Width _____ x Length _____ = Total Square Feet _____
 Height _____

Sign Credit Number _____
 or
 Fee in Lieu of Credit _____ Date Paid _____

Business Sign
(R501)

Sign Type (check one)

<input type="checkbox"/> Freestanding	<input type="checkbox"/> Auxiliary	<input type="checkbox"/> Sun Canopy
<input type="checkbox"/> Projecting	<input type="checkbox"/> Development	<input type="checkbox"/> Service Canopy
<input type="checkbox"/> Wall	<input type="checkbox"/> Church	<input type="checkbox"/> Roof
<input type="checkbox"/> Graphics	<input type="checkbox"/> Marquee	<input type="checkbox"/> Unknown
<input type="checkbox"/> Portable (Beginning Date) _____		(Ending Date) _____
<input type="checkbox"/> Novelty (Beginning Date) _____		(Ending Date) _____

Width _____ x Length _____ = Total Square Feet _____
 Height _____

Lighting (check one)

Yes If so, type _____
 No

List All Existing Signs on Premises: (Add Additional Pages if Necessary)

Type	Size	Sq. Feet	Location Type
_____	X _____ =	_____	_____
_____	X _____ =	_____	_____
_____	X _____ =	_____	_____
_____	X _____ =	_____	_____

I hereby apply for a sign permit, and I certify that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota and ordinances of the City of Rochester, including City Sales and Use Tax Ordinance 129.25. I understand this is not a permit but only an application for a permit and work is not to start without a permit. I certify that the work will be in accordance with all permit conditions and approved plans (in the case of work which requires a review and approval of plans).

I hereby certify that I am properly licensed as required by the City of Rochester.

_____ Applicant's Signature _____ Date

DO NOT WRITE BELOW THIS LINE – Office Use Only (3/05)

ZONING REVIEW COMMENTS

Site Plan Zoning District _____ Flood Protection Required _____
 Surveyor's Certificate Flood District _____ Flood Protection Elev. _____

Comments: _____

Sign Permit No. _____ Final Zoning Review Required Yes No

Zoning Approved by: _____ Date: _____

Comments: _____

Permit Approved by: _____ Date: _____