

CITY USE ONLY

DATED: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

AREA \_\_\_\_\_

PAYMENT RECEIVED: \_\_\_\_\_

AUTHORIZED: \_\_\_\_\_

STREET \_\_\_\_\_ MSA ROUTE \_\_\_\_\_

# City of Rochester

## Revocable Permit Application for Impaired Child Sign For placement within City Right-of-Way

**Applicant Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State & Zip** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_

Applicant must read, complete and sign the agreement on the back of this application prior to the fabrication and installation of the sign.

INSTALLATION COST = \$50.00

Make check or money order payable to: **City of Rochester**

Return this form to: **City Clerk's Office  
City Hall  
201 4<sup>th</sup> Street SE  
Rochester, MN 55904**

Current age of Qualifying Child: \_\_\_\_\_

Impairment for which the signing is requested (attach doctor's verification of impairment for which signing is requested):

\_\_\_\_\_ Blind Child

\_\_\_\_\_ Deaf Child

\_\_\_\_\_ Autistic Child

**Indicate below if a request is being made for waiver of fee.**

**Yes**    **No**

\_\_\_\_\_    \_\_\_\_\_ **Hardship Request for Waiver of Sign Fee.**

If applicant feels the fee required for the installation cost will create a financial hardship for the family, complete and attach the Application for Waiver of Sign Fee, with required supporting documents.

# City Of Rochester, MN

## Special Signing Revocable Permit Application, Impaired Child Signs

### AGREEMENT

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I (We) certify that a child with a qualifying impairment resides at the address listed on the application, and that if this condition changes I (We) will notify the City.

I (We) agree to accept the sign format, design, structure, and location determined by the City of Rochester in compliance with all pertinent state signing standards, placement, and spacing and to make payment in advance of sign fabrication and installation.

The applicant will notify the City when they move, when the child reaches adulthood, or when the signs are no longer required.

Applicant will hold the City harmless in the event the signs are placed and an injury occurs to the qualifying child while the signs are in place.

Applicant will hold the City harmless in the event the signs are not placed or are removed and an injury occurs to the qualifying child.

I (We), the undersigned, herewith accept the terms and conditions and agree to fully comply herewith with the satisfaction of the City. The City may remove the sign for any failure to comply with these terms and/or non-payment of any repair or replacement costs.

Applicant Name: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

NOTE: If approval is granted for the sign installation, placement will occur when weather conditions and work load permit. Expect placement to occur within approximately 2-4 weeks, between the months of April and October.