



**Greater Bemidji Area
Joint Planning Board**

Application for Sign Permit

Please complete this application carefully and completely. PLEASE PRINT. Failure to fill in all of the required information may result in a delay of processing your application.

A fee of \$ _____ made payable to the **City of Bemidji** must accompany this application. Additional escrow or verification fees may apply for approved projects.

A verification or escrow fee of \$ _____ made payable to the **City of Bemidji** must accompany this application.

OFFICE USE ONLY	
Complete App Rec'd	_____
Payment Rec'd	_____
Field Checked	_____
Zoning District	_____
Date Permitted	_____
Permit Number	_____
Comments	_____

NAME OF BUSINESS:	_____	EMAIL:	_____
NAME OF OWNER:	_____	EMAIL:	_____
SITE ADDRESS:	_____	PARCEL:	_____
PHONE #1:	_____	PHONE #2:	_____
INSTALLER/CONTRACTOR NAME:	_____	PHONE:	_____

SIGN INFORMATION

Type of Sign:	_____ Freestanding/Monument
	_____ Dynamic/Electronic Reader
	_____ Wall Mounted
	_____ Projecting
	_____ Other
	_____ Temporary. If so, how long? _____
Location of Freestanding Sign:	Distance from front property line _____ ft. Distance from side property line _____ ft. and _____ ft.
Dimensions of Sign:	Type _____ Illuminated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Internal <input type="checkbox"/> External Length _____ Width _____ Size (sq. ft.) of Sign: _____ sq. ft. Height (from ground to top) _____
Additional Sign:	Type _____ Illuminated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Internal <input type="checkbox"/> External Length _____ Width _____ Size (sq. ft.) of Sign: _____ sq. ft. Height (from ground to top) _____
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ALL APPLICANTS MUST SIGN BELOW

I hereby certify that I am the owner or authorized agent of the owner of the above described property and that all uses will conform to the provisions of the Greater Bemidji Area Zoning and Subdivision Regulations. I further certify that I will comply with all conditions placed upon this permit should this application be approved. Intentional or unintentional falsification of this application or any attachments thereto will serve to make this application and any resultant permit invalid. I also authorize Greater Bemidji Area Joint Planning staff to inspect the property during review of this application and subsequent construction during reasonable times of the day.

Applicant: _____

Applicant _____

Date: _____

OFFICE USE ONLY

Reviewed by _____

Date _____

Complete Application Yes No

COMPLETED FORMS CAN BE SUBMITTED AT CITY HALL, 317 4TH STREET NW, LOWER LEVEL