



City of Bayport
 294 North Third Street
 Bayport, Minnesota 55003
 Phone 651-275-4404 * Fax 651-275-4411
<http://bayport.govoffice.com>

TEMPORARY SIGN PERMIT APPLICATION

Permit Number: TS _____

Temporary or seasonal permits shall be issued for 1-week time periods only, and the applicant shall pay a separate fee for each sign and each week. No applicant shall receive more than five (5) temporary signs permits for any calendar year (35 days total).

Property Information	Property Type: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial/Industrial
Property Address:	
Tenant/Building Name:	
Owner Name:	Owner Phone Number:
Mailing Address:	
City/State/Zip:	Email Address:
Applicant Information	Applicant Type: <input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor
Applicant Name:	
Mailing Address:	
City/State/Zip:	Email Address:
Contact Name:	Contact Phone Number: Contact Fax Number:
Contractor Information (if different from applicant)	
Applicant Name:	
Mailing Address:	
City/State/Zip:	Email Address:
Contact Name:	Contact Phone Number: Contact Fax Number:
Sign Details	
Style: <input type="checkbox"/> Banner <input type="checkbox"/> Freestanding <input type="checkbox"/> Portable Reader Board	
Multi-faced (two-sided) : <input type="checkbox"/> NO <input type="checkbox"/> YES	
Size: Height: _____ Width: _____ Total Square Feet: _____ (if multi-faced, include total for all sides)	
Text/Graphics (please attach a sketch or photo of sign type with exact text and/or graphics):	
Lighting: <input type="checkbox"/> NO <input type="checkbox"/> YES (please describe lighting type, i.e., flashing, reader board, motion)	

Location (please attach a sketch and describe where the sign will be placed on the property, including distance to lot lines):

Duration (ONE WEEK MAXIMUM): Begin Date:

End Date:

The undersigned hereby represents upon all of the penalties of law, for the purpose of including the City of Bayport to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Bayport and the State of Minnesota.

Applicant Signature:

Date:

OFFICE USE AREA

Required Inspections: Final No inspection needed

Permit approved by:

Date approved:

Permit Fees:

Base Fee: \$ 25.00 (per week)

Amount Paid: _____ Date Paid: _____ Cash Check

**** Week _____ of 5 weeks allowed for this property location, per calendar year.**