



**DEVELOPMENT SERVICES
BUILDING INSPECTIONS**

OFFICE USE ONLY
Permit # _____

505 Walnut Street, Suite 1
Monticello, Mn 55362
Buildingdepartment@MonticelloMN.Gov

City Hall
Building Inspections

(763) 295-2711
(763) 295-3060

TEMPORARY SIGN PERMIT APPLICATION

Date: _____ Site Location/Address: _____
 Tenant/Business/Building Name: _____

The Applicant is: Owner Contractor Other (Describe) _____

PROPERTY OWNER	Name: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip Code: _____ E-mail Address (required) _____
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CONTRACTOR	Company: _____ Name: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip Code: _____
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Description of Work:

Width _____ x Height _____ = Total Sq. Feet _____ (40' MAX) Zoning District _____
 Location on Property:
 (Site Plan May Be Required)

Please Complete Other Side

