



22817 Typo Creek Drive N.E. • Stacy, MN 55079  
Phone (651) 462-2812 • Fax (651) 462-0500  
E-Mail: records@linwoodtownship.org

## Sign Permit Application

### Applicant:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

### Fee Owner (if different from Applicant):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_

Property Address at Location of Sign \_\_\_\_\_

Legal Description \_\_\_\_\_  
(Write or attach a FULL legal description)

Parcel ID: \_\_\_\_\_ Present Zoning: \_\_\_\_\_

Purpose of Sign \_\_\_\_\_

**Total Dimensions of Sign** (including support structure): Height \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_

Single or Double Face \_\_\_\_\_ Total Square Footage of Display Area \_\_\_\_\_ Illuminated \_\_\_\_\_

A SITE PLAN AND DESCRIPTIVE DRAWING OF PROPOSED SIGN MUST BE ATTACHED TO THIS APPLICATION, INCLUDING SUPPORT STRUCTURE. Y / N

In signing this application, I hereby acknowledge that I have read and fully understand the application provisions of the Zoning and Subdivision ordinances and current administrative procedures. I hereby certify that the information contained in this application is to my knowledge a true, accurate and complete representation of the facts and conditions concerning the proposed land use. I hereby authorize Township Staff, Consultants, Planning and Zoning Commission members and Town Board members to enter upon this property for such inspections as necessary for the review of this application.

Signature(s)

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Fee: \$25.00** Date Submitted: \_\_\_\_\_ Escrow Application Submitted: \_\_\_\_\_

Zoning Administrator: \_\_\_\_\_ Date Application deemed complete: \_\_\_\_\_