



Capitol Area Architectural and Planning Board

204 Administration Building
50 Sherburne Avenue
Saint Paul, Minnesota 55155
Phone: 651.757.1500
Fax: 651.296.6718
TTY: 800.627.3529

APPLICATION FOR SIGN PERMIT

Date: _____

Name _____

Phone _____

Address _____

Zip _____

Place where sign will be displayed:

Name _____

Phone _____

Address _____

Zip _____

Sign Dimensions

_____ height

_____ width

_____ total square feet (height x width)

Elevation

_____ highest point of building

_____ highest point of sign

Office Use

ZONING DISTRICT

___ G-1 ___ RM ___ MX ___ G-2 ___ MX-D

Type of Mounting

- illuminated
- canopy
- sidewalk
- wall
- other
- projecting (from wall of building)
- number of inches sign projects
- monument sign
- pylon (10 feet or more above ground)

Type of Sign

Check appropriate type(s)

- business
- announcement
- identification & name plate
- marquee, canopy or awning
- real estate
- real estate development
- temporary
- directional (for vehicle or pedestrian)

Plans

A set of plans showing elevations, (building, sign) distances, sign dimensions and the placement of the sign on mounting structure (building, pole, etc.) must accompany this application.

Notice

The filing of this application does not exempt the applicant from any requirements of the City of Saint Paul for the filing of applications to the city for building permits or certificates of occupancy. Such applications must be filed according to city procedures with the appropriate city office.

The undersigned hereby makes application for the permit indicated above to do building work as herein specified, and the applicant agrees to do all work in strict accordance with all ordinances of the Capitol Area Architectural and Planning Board of the State of Minnesota.

STATE OF MINNESOTA)
 : SS
COUNTY OF RAMSEY)

I _____, hereby swear that I have read the above application and that to the best of my knowledge the contents are true.

Subscribed and sworn to before me this
_____ day of _____, 20____ (NOTARIAL SEAL)