



# CITY OF MEDICINE LAKE

## SIGN PERMIT

10609 South Shore Drive  
Medicine Lake, MN 55441  
763-542-9701

[public\\_works@cityofmedicinelake.com](mailto:public_works@cityofmedicinelake.com)  
[www.cityofmedicinelake.com](http://www.cityofmedicinelake.com)

No sign shall be erected, altered, reconstructed, maintained or moved in the City without first securing a permit from the City. A proposed sign with a structure requiring a building permit or electrical permit must obtain those permits in addition to a sign permit.

Fees: Temporary sign: \$50, Permanent sign: \$150

### PROPERTY IDENTIFICATION

PROJECT ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_  
PID \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_  
PROPERTY OWNER \_\_\_\_\_ APPLICANT (IF NOT PROPERTY OWNER) \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
STREET \_\_\_\_\_ STREET \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

### SIGN INFORMATION

SIGN COPY \_\_\_\_\_  
**TEMPORARY / PERMANENT (circle one)**  
TYPE  Wall Sign  Awning / Canopy  Banners  Projecting Sign  Roof  Billboard  
 Free-Standing Sign (Monument)  Free-Standing Sign (Pole)  
 Changeable Copy Sign, Dynamic  Dynamic Sign\*  Other \_\_\_\_\_  
ILLUMINATION  None  External  Internal  Backlit  
SIZE / HEIGHT Proposed Sign Dimensions: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. = \_\_\_\_\_ sq. ft.  
Height Above Grade (Measured to Top of Sign): \_\_\_\_\_ ft.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. The undersigned agrees to take measures to ensure that the proposed activity will in no way jeopardize the public health, safety and welfare or is appropriately fenced to provide adequate protection and will further comply with all conditions prescribed by the City or its officers or agents. The undersigned agrees to comply with all conditions prescribed by the City or its officers or agents.

**OWNER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

#### OFFICE USE ONLY

DISTRIBUTION:  
City Planner \_\_\_\_\_  
City Engineer \_\_\_\_\_  
Other \_\_\_\_\_

#### APPROVALS

City Engineer \_\_\_\_\_  
City Representative \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL BE REJECTED**