

Phone: 763.200.4239 | 12060 Sherburne Ave. Fax: 763.261.4411 | P.O. Box 250 | Becker, MN 55308

Fee: \$25.00 **Separate Fee: \$100.00 Deposit** 

Date Received:		Permit #:		
Temporary Sign Application				
APP	PLICANT/AGEN	NT INFORMATI	ON	
COMPANY NAME				
ADDRESS OF COMPANY				
CITY	STATE	ZIP		
DESIGNATED CONTACT PERSON	N			
PHONE	EMAIL			
FEE OWNER INFO	ORMATION, IF	DIFFERENT T	THAN APPLICANT	
LANDLORD NAME				
PHONE	EMAIL			
	SIGN INFO	ORMATION .		
ADDRESS WHERE SIGN WILL BE	E LOCATED			
CITY	STATE	ZIP		
LOCATION OF SIGN WITHIN PRO	OPERTY			
DISPLAY DATES: FROM	TO_		<u> </u>	
TYPE OF SIGN (i.e. Freestanding, W	Vall Sign, etc.):_			
SIGN HEIGHT	SIGN SIZE_	sq.ft.	DIMENSIONSx_	
SIGN TEXT				
SETBACKS: FROM PROPERTY LINE:_		FROM BLDO	G:	
FROM DRIVEWAY/PARKI	NG LOT:			
MATERIALS:		COLORS:		
ILLUMINATION: NO	YES		IF YES, TYPE:	

Finance Code: 100-3217-324

All applications MUST BE fully completed and accompanie following:	d by an application fee, as well as the			
<ul> <li>□ To scale diagram of wall sign located on the building el</li> <li>□ Dimensioned diagram of design copy and structure, sho type of illumination.</li> </ul>				
☐ If a free-standing sign, submit a Certificate of Survey showing the location of the sign on the property. A scaled site plan may be submitted in place of a survey if the sign is 50 square feet or less.				
☐ Landlord approval (if in a multi-tenant building) on drawings.				
I hereby agree to abide by all sign regulations and other app the City of Becker.	plicable codes, ordinances and policies of			
Signature of Applicant:	Date:			
Signature of Land Owner (if applicable):	Date:			
Approved By:	Date:			