

CITY OF ELY SIGN PERMIT # _____

Date Permit Applied for: _____ Date Project Scheduled to Start: _____

PHYSICAL ADDRESS OF PROPERTY	ZONING	PARCEL CODE
PROPERTY OWNER	ADDRESS	PHONE NO.
CONTRACTOR	ADDRESS	PHONE NO.
THIS PERMIT IS FOR: <input type="checkbox"/> Freestanding Sign <input type="checkbox"/> Projecting Sign <input type="checkbox"/> Wall Sign <input type="checkbox"/> Temporary Sign <input type="checkbox"/> Other	Before issuance of a sign permit, documents must be submitted showing dimensions, materials, height and details of construction, including how the sign will be attached and/or anchored to structures, if applicable. For free-standing, projecting and temporary signs, please indicate on a sketch where on your property the sign will be located, and distances from intersection corners and road ROW, if applicable.	
DESCRIBE WORK TO BE DONE:		
<hr/> <hr/> <hr/>		
USE OF BUILDING WHERE SIGN IS TO BE LOCATED:		
This permit becomes null and void if work or construction authorized is not commenced within 120 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced.		
<p>I hereby certify that I am the owner or authorized agent of the owner of the above property and that all uses will conform to the provisions of the City of Ely official controls. I further certify that I will comply with all conditions placed upon this permit should this application be approved. Intentional or unintentional falsification of this application or any attachments thereto will serve to make this application and any resultant permit invalid. I also authorize City staff to inspect the property during review of the application during a reasonable time of day.</p>		
_____ Signature of Owner / Lessee		_____ Date
_____ Zoning Administrator		_____ Date
NOTES: _____		Permit Fee
_____		\$75.00

RETURN PERMIT TO: PLANNING & ZONING, 209 E CHAPMAN ST., RM 200, ELY MN 55731