



City Of Savage
6000 McColl Drive
Savage, Minnesota 55378
Telephone: 952-882-2670 Fax: 952-882-2656

APPLICATION FOR SIGN PERMIT
(Separate application required for each sign)

Sign Company/Applicant: _____
Applicant's Address: _____
Contact Person: _____ Applicant's Phone #: _____
Today's Date: _____ Date of anticipated Installation: _____
Name of Business: _____ Multi-tenant Building: No ___ Yes ___
Address of sign location: _____ Parcel ID#: _____
Sign Type: ___ wall ___ detached pole ___ other describe) _____
Dimensions of Sign Face: Height _____ Width _____ Depth _____ Area _____
Overall Height of Sign*: _____
Placement of Sign (east wall, north wall, front yard, etc.): _____
Distance from property lines to edge of sign (pole/detached signs): _____
Will sign be illuminated? No ___ Yes ___ Type of illumination: _____
Construction Materials: _____ Colors: _____
List all existing signs and their square footage for parcel: _____

*ALL PYLON SIGNS AND ALL SIGNS OVER 6 FEET IN HEIGHT REQUIRE A BUILDING PERMIT AND TWO SETS OF SIGNED ENGINEERED PLANS IN ADDITION TO THE SIGN PERMIT. PLEASE CONTACT THE BUILDING INSPECTIONS DEPARTMENT AT 952-882-2650 FOR MORE INFORMATION. BUILDING PERMIT APPLICATIONS ARE AVAILABLE ONLINE AT www.cityofsavage.com.

The permit fee of \$ _____ corresponds to sign area based on the following schedule:

- Less than 40 sq. ft. = \$75
- 40 sq. ft or more = \$125

over

All applications must be complete and accompanied by the following:

1. To scale drawing of wall sign located on the building elevation.
2. Diagram of sign copy and structure, showing color, materials, total square footage, and type of illumination.
3. Location of sign on site with setbacks.
4. Sign Permit Fee.
5. Building permit application for signs over 6 feet in height and pylon signs and two sets of signed engineered plans.

Signature of Applicant

Date

(THIS PORTION TO BE COMPLETED BY CITY)

Zoning District in which sign will be located _____ Length of Lot Frontage _____

Check # _____

Building Official

Date

Receipt # _____

Zoning Administrator

Date

Approved: ___

Denied: ___