



Lewiston City Hall  
75 Rice Street • P.O. Box 129 • Lewiston, MN  
55952  
Phone (507) 523-2257 • Fax (507) 322-4018

Date: \_\_\_\_\_

Permit # \_\_\_\_\_

## Sign Permit Application

Property Address: \_\_\_\_\_

Applicant is:            Owner            Contractor

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

State License No: \_\_\_\_\_

Sign Dimensions: \_\_\_\_\_

Sign Height: \_\_\_\_\_

Type of Sign Lighting: \_\_\_\_\_

Class of Work:        New            Remodel            Repair            Replace

Type of Sign:        Free Standing        Wall Mounted        Ground

The undersigned hereby makes application for a sign permit and understands work cannot start without a permit; agrees that all work will be done in compliance with State Building Code, City Ordinances, and Approved Plans.

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Plans: \_\_\_\_\_ Fee: \_\_\_\_\_