



SIGN PERMIT APPLICATION

Please return application and plans as needed with the property address in the subject line to permits@daytonmn.gov

APPLICANT IS:		OWNER	CONTRACTOR
SITE ADDRESS:		SUITE #:	
CITY:	STATE:	ZIP:	
SITE BUSINESS NAME:			
JOB DESCRIPTION:	VALUATION:		

OWNER:	PUBLIC	PRIVATE
OWNER NAME:		
OWNER ADDRESS:		
OWNER CITY, STATE, ZIP:		
OWNER EMAIL:		
OWNER PHONE:		

CONTRACTOR	
CONTRACTOR NAME:	LICENSE:
CONTRACTOR ADDRESS:	
CONTRACTOR CITY, STATE, ZIP:	
CONTRACTOR EMAIL:	
CONTRACTOR PHONE:	

ELECTRICAL CONTRACTOR (SEPARATE PERMIT THROUGH STATE)	
ELECTRICAL NAME:	LICENSE:
ELECTRICAL EMAIL:	
ELECTRICAL PHONE:	

SIGN DESCRIPTION		
PERMANENT	TEMPORARY (FILL IN DATE RANGE):	
	START DATE:	END DATE:
NEW SIGN	REPLACEMENT SIGN	ALTER EXISTING SIGN
ILLUMINATED	NON-ILLUMINATED	
FREE STANDING	ATTACHED/WALL	OTHER
WORDING ON SIGN:		

SIGN AREA		
LENGTH:	WIDTH:	HEIGHT (freestanding):
SETBACK FROM PROPERTY LINES (freestanding):	FRONT:	SIDE:

THE UNDERSIGNED HEREBY AGREES THAT, IN CASE SUCH PERMIT IS GRANTED, THAT
ALL WORK WHICH SHALL BE DONE AND ALL MATERIALS WHICH SHALL BE USED SHALL
COMPLY WITH THE PLANS AND SPECIFICATIONS HERewith SUBMITTED AND WITH ALL
THE ORDINANCES OF SAID CITY OF DAYTON APPLICABLE HERETO.

NAME OF APPLICANT (please print)

APPLICANT SIGNATURE

DATE

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SIGN PERMIT TYPE:

PERMANENT

TEMPORARY

OFFICE USE ONLY

ADDITIONAL FEES:

REQUIRED INSPECTIONS:

FOOTING

FINAL

ZONING DISCTRICT:

COMMERCIAL

INDUSTRIAL

RESIDENTIAL

WORK TYPE:

NEW

ADDITION

REPAIR

DEMOLISH

REPLACE

ALTER/REMODEL

MOVE

REQUIRED APPROVAL

ZONING ADMINISTRATOR:

DATE:

BUILDING INSPECTOR:

DATE:

COMMENTS: