

# City of Orono

## Temporary Sign Permit Application



*Mailing Address:*  
 PO Box 66  
 Crystal Bay, MN 55323-0066

*Street Address:*  
 2750 Kelley Parkway  
 Orono, MN 55356

Main: 952-249-4600 Fax: 952-249-4616 [www.ci.orono.mn.us](http://www.ci.orono.mn.us)

Permit number:	
Date received:	
Received by:	
Permit Fee:	\$35.00
	If mailing, add \$2.00

This application form must be completed in full and all required information must be submitted.

**Incomplete applications will be returned. (Please print)**

**BUSINESS INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Email and/or Fax: \_\_\_\_\_

**APPLICANT (RESPONSIBLE PARTY):**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

**SIGN COMPANY / OWNER (IF NOT SAME AS BUSINESS):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

**PROJECT INFORMATION:**

Type of Sign:	Size of Sign:	Location of Sign:	Dates Sign to be Displayed:
<input type="checkbox"/> Portable Reader board	_____	_____	_____
<input type="checkbox"/> Banner	_____	_____	_____
<input type="checkbox"/> A-Frame	_____	_____	_____
<input type="checkbox"/> Balloon	_____	_____	_____
<input type="checkbox"/> Other (specify)	_____	_____	_____
_____	_____	_____	_____

***For signs not attached to a building, provide location sketch on back of application.***

**APPLICANT ACKNOWLEDGEMENT:**

- Violation of City Ordinances is a misdemeanor. Each day the violation continues in existence shall be deemed a separate violation;
- The City may, without notice, remove any temporary sign erected in violation of city, state or federal regulation;
- The sign(s), sign supports or portable stand must be removed from public view at the end of the permit period.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Multi-Tenant Buildings:**

Property Owner or  
 Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Property Owner or Manager: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email and/or Fax Number: \_\_\_\_\_

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For signs not attached to a building, make a sketch showing driveways and sidewalks, edge of road and edge of parking area. Indicate distance from sign to edge of roadway.