



City of Circle Pines Special Event Sign Application

Fee: \$40.00 – Special Event Sign

*A Temporary Special Event Sign in conformance with the Zoning Ordinance
is requested as follows:*

Address of Property: _____

Applicant/Owner's Name: _____

Business Name: _____

Phone: _____ *Email Address:* _____

SIGN DESCRIPTION

Length of Sign: _____ *Width of Sign:* _____

Proposed Location of Sign: _____

Purpose of Sign: _____

Proposed starting and ending display dates: _____

Each business shall be allowed a maximum of 1 Special Event Sign permit in the calendar year. Permit shall be for the maximum of 7 days. No temporary sign permit shall be issued to any business found to have violated the provisions of the sign code two or more times in any twelve month period.

Please indicate the message of your proposed Special Use Sign.

Applicant's Signature

Date

Office Use Only

Approved _____

Denied _____

Paid: _____ Date: _____