



## City of Circle Pines Permanent Sign Application

*Address of Property:* \_\_\_\_\_

*Applicant/Owner's Name:* \_\_\_\_\_

*Business Name:* \_\_\_\_\_

*Phone:* \_\_\_\_\_ *Email Address:* \_\_\_\_\_

### Sign Details

*Length of Sign:* \_\_\_\_\_ *Width of Sign:* \_\_\_\_\_

*Type of Sign:* \_\_\_\_\_

*Proposed Location of Sign:* \_\_\_\_\_

Please draw or attach a description of your proposed sign.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

OFFICE USE ONLY

Paid: \_\_\_\_\_

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