

Eureka Township



Note: Completed application must be submitted to the Eureka Town Clerk by noon on the Thursday 10 days prior to the Planning Commission meeting.

Sign Permit Application

OFFICE USE ONLY
Permit No. _____

Site Address _____	Property ID No. (PIN) _____
Contact Person _____	Daytime Phone _____ E- Mail Address _____

PROPERTY OWNER

Name _____	Daytime Phone _____		
Address _____	City _____	State _____	Zip _____

CONTRACTOR

Name _____	License No. _____		
Address _____	City _____	State _____	Zip _____
Contact Person _____	Office Phone _____	Cell Phone: _____	Fax: _____
E-Mail Address: _____			

TYPE OF WORK (CHECK ONE ONLY)

New construction Alteration
 Repair/replacement Permit renewal Other _____

TYPE OF STRUCTURE(S) (CHECK ALL THAT APPLY—IF STRUCTURES ARE ON SEPARATE PARCELS, USE A SEPARATE FORM)

Sign sq. ft. _____ Sign height _____ Sign Width _____
 Total Sign height off Ground _____ Sign erected on Building _____, Pillars____, Other____

PROJECT DETAILS

Start date _____	Estimated completion date _____	Estimated value (excluding land) _____
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Sign (Ordinance 3, Chapter 8, Sections 1.thru 12.)

I hereby certify that the information provided in this application is true, correct, and complete. I also acknowledge that the work described herein will be in conformance with the ordinances of the Township of Eureka and with the Minnesota Building Codes; that I understand this is not a permit but only an application for a permit; that I understand work is not to start until all required permits have been obtained; that the work will be in accordance with the approved plans in the case of all work that requires review and approval of plans; and that no changes to the approved plans, specifications, or purpose of this application shall be made without prior approval.

Signature of this application by the legal property owner or property owner's representative is required and authorizes the Township Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice.

The property owner agrees to pay all plan review fees even if he/ she chooses not to proceed with the work.

Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection will be subject to a penalty.

SIGNATURE OF OWNER/ OWNER'S REPRESENTATIVE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

Do NOT WRITE BELOW THIS LINE

Date rcvd: _____ Rcvd by: _____ 60-Day Extension until: _____

Is there an existing conditional use permit (CUP) or interim use on this property? Yes No

Has a nonconforming registration form been filed for this property? Yes No

PERMITS REQUIRED/INSPECTIONS REQUIRED (CHECK ALL THAT APPLY)

- Sign completed:
- Setbacks completed:

APPROVALS AND PERMITS REQUIRED (CHECK ALL THAT APPLY)

- NCRWMO or VRWJPO completed:
- Shoreland Letter completed: Shoreland Permit completed:
- CUP completed: Interim Use completed: Variance completed:

Zoning Administrator _____ Town Board _____
 Incomplete Date notification sent _____ Approved Denied Date _____
 Complete Date complete _____

Planning Commission _____
 Incomplete Date notification sent _____
Recommendation to Town Board
 Approve Deny Date _____

Set Backs Checked _____
Initials _____ Date _____
 Approved Denied Date _____

FEES & APPROVAL SIGNATURES

Application fee \$ _____	Date Paid _____
Receipt No. _____	Check No. _____
Calculated Valuation	
Permit Fee	\$ _____
Plan Review Fee	\$ _____
State Surcharge	\$ _____
Site Inspection	\$ _____
Penalty/Other Fee	\$ _____
Copy Charge	\$ _____
TOTAL FEES	\$ _____

Special Conditions of Permit: _____

Occupancy Type: _____ Construction Type: _____
Code Used: _____ Building Sprinkled: Yes / No
Bldg. Official Approval: _____ Date _____
Printed Name : _____
Date Paid: _____ Receipt No. _____
By: _____ Check No. _____

