

# 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.

## Less than 50 Sq. ft. Sign Permit Application

<i>OFFICE USE ONLY</i>
<b>Permit No.</b>

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

<b>PROPERTY OWNER</b>			
Name	Daytime Phone		
Address	City	State	Zip

<b>CONTRACTOR</b>			
Name	License No.		
Address	City	State	Zip
Contact Person	Office Phone	Cell Phone:	Fax:
E-Mail Address:			

<b>TYPE OF WORK (CHECK ONE ONLY)</b>			
<input type="checkbox"/> New construction	<input type="checkbox"/> Alteration	<input type="checkbox"/> Other signs on property Yes/No	
<input type="checkbox"/> Repair/replacement	<input type="checkbox"/> Other _____	<input type="checkbox"/> Total Square Footage of all signs _____	

<b>TYPE OF STRUCTURE(S) (CHECK ALL THAT APPLY—IF STRUCTURES ARE ON SEPARATE PARCELS, USE A SEPARATE FORM)</b>			
<input type="checkbox"/> Sign sq. ft. _____	<input type="checkbox"/> Sign height _____	<input type="checkbox"/> Sign Width _____	
<input type="checkbox"/> Total Sign height off Ground _____	<input type="checkbox"/> Sign erected on Building _____, Pillars____, Other_____		

<b>PROJECT DETAILS</b>		
Start date	Estimated completion date	Estimated value (excluding land)

*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: \_\_\_\_\_

**PERMITS REQUIRED/INSPECTIONS REQUIRED (CHECK ALL THAT APPLY)**

Sign completed:

Zoning Administrator \_\_\_\_\_

- Incomplete Date notification sent \_\_\_\_\_
- Complete Date complete \_\_\_\_\_

**FEEES & APPROVAL SIGNATURES**

<p>Application fee \$ _____ Date Paid _____</p> <p>Receipt No. _____ Check No. _____</p> <p style="text-align: center;"><b>Calculated Valuation</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%;">Permit Fee</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Plan Review Fee</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>State Surcharge</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Site Inspection</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Penalty/Other Fee</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Copy Charge</td><td style="text-align: right;">\$ _____</td></tr> <tr><td><b>TOTAL FEES</b></td><td style="text-align: right;"><b>\$ _____</b></td></tr> </table>	Permit Fee	\$ _____	Plan Review Fee	\$ _____	State Surcharge	\$ _____	Site Inspection	\$ _____	Penalty/Other Fee	\$ _____	Copy Charge	\$ _____	<b>TOTAL FEES</b>	<b>\$ _____</b>	<p>Special Conditions of Permit: _____</p> <p>_____</p> <p>Occupancy Type: _____ Construction Type: _____</p> <p>Code Used: _____ Building Sprinkled: Yes / No</p> <p>Bldg. Official Approval: _____ Date _____</p> <p>Printed Name : _____</p> <p>Date Paid: _____ Receipt No. _____</p> <p>By: _____ Check No. _____</p>
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