

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

<i>OFFICE USE ONLY</i>
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. _____

