



Community Development
 101 4th Street East, Hastings, MN
 55033
 p. 651-480-2381 f. 651-437-7082
 www.hastingsmn.gov

Sign Permit Application

Address of Property Involved: _____

Applicant Name: _____	Property Owner Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____

Existing Sign Information	Sign	Dimensions		=	SQ. FT.	Sign Type		Will sign remain	
		Length=	Height=			Freestanding	Wall	Yes	No
	1	_____	_____	=	_____	Freestanding	Wall	Yes	No
	2	_____	_____	=	_____	Freestanding	Wall	Yes	No
	3	_____	_____	=	_____	Freestanding	Wall	Yes	No
		Total =			_____				

Proposed Sign Information	Sign	Dimensions		=	SQ. FT.	Sign Type		Will sign remain	
		Length=	Height=			Freestanding	Wall	Yes	No
	1	_____	_____	=	_____	Freestanding	Wall	Yes	No
	2	_____	_____	=	_____	Freestanding	Wall	Yes	No
	3	_____	_____	=	_____	Freestanding	Wall	Yes	No
		Total =			_____				

For wall signage calculations, please indicate the dimensions and size of the wall on which the sign will be placed: Length= _____ Height= _____ = _____ Total Sq Ft

Sign Valuation _____

Wall sign maximum:

DC (Downtown Core): 2 square feet per linear foot of building frontage
 Other commercial zoning districts: Greater of 40 square feet or 5% of wall area

Please ensure that all copies of required documents are attached.

Applicant Signature _____ Date _____

Owner Signature _____ Date _____

Applicant Name and Title – Please Print _____

Owner Name – Please Print _____

OFFICIAL USE ONLY

File # _____ Rec'd By: _____ Date Rec'd: _____
 Fee Paid: _____ Receipt # _____ App. Complete _____