



P.O. Box 9  
605 County Road 75  
Clearwater, MN 55320  
Office 320-558-2428

**TEMPORARY SIGN PERMIT**

**PERMIT FEE: \$25.00**

Applicant and/or Business Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Requested Use/Activity:	<b>Placement of Temporary Sign</b>
Date Will Be Posted:	_____
Removal Date: (Permit is valid for 40 days)	_____
Sign Location:	_____
<b>Do You Have Permission To Place Sign On Property?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Property owners signature:</b>	_____

**Ordinance Reference:** Article XII. Signs Sec. 117-1247 thru 117-1262

**Sign must not be on road right-of-way. I understand the terms and conditions to this permit and take full responsibility for the compliance under these conditions.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

<b>(FOR CITY USE ONLY)</b>	
It has been determined by staff that this permit is:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
APPROVED BY: _____	DATE APPROVED: _____
FEE COLLECTED: _____	100-41910-32230