



P.O. Box 9
605 County Road 75
Clearwater, MN 55320
Office 320-558-2428 Fax 320-558-2794

TEMPORARY SIGN PERMIT

PERMIT FEE: \$25.00

Applicant and/or Business Name: _____

Phone Number: _____

Address: _____

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

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

(FOR CITY USE ONLY)	
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