

# PERMANENT SIGN PERMIT APPLICATION

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Website: [www.wspmn.gov](http://www.wspmn.gov)

OFFICE USE ONLY	
Received Date:	Permit Number: BLDG

PROJECT ADDRESS:			
OWNER/OCCUPANT INFORMATION:			
Name:		Phone:	
Address:		Suite/Unit:	
City:		State:	Zip:
Email:			
CONTRACTOR INFORMATION:			
Name:		Phone:	
Address:		Suite/Unit:	
City:		State:	Zip:
Email:			
State License #:		Contact Name:	

APPLICANTS SIGNATURE:	
Applicant certifies that all information is correct and that all pertinent state regulations and city ordinances will be complied with in performing the work for which this permit is issued.	
Printed Name:	Date:
Signature:	Date:

PROJECT VALUATION	PROJECT DESCRIPTION

**\*1 SET OF PLANS (PHYSICAL OR DIGITAL) ARE REQUIRED TO BE SUBMITTED SHOWING DIMENSIONS OF SIGNS AND STOREFRONT. \***