



**BUILDING PERMIT APPLICATION**

5959 Main Avenue NE  
 Albertville, MN 55301  
 Phone: 763.497.3384 Fax 763.497.3210

Date Received \_\_\_\_\_  
 Date Notified \_\_\_\_\_  
 Date Paid \_\_\_\_\_  
 Ck, Cash, CC \_\_\_\_\_  
 Permit # \_\_\_\_\_

Site Address: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 The Applicant is: \_\_\_\_\_ Owner \_\_\_\_\_ Contractor \_\_\_\_\_ Tenant

Legal Description: PID # \_\_\_\_\_  
 Addition \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Owner:  
 Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Contractor:  
 Company Name \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (C) \_\_\_\_\_ (Fax) \_\_\_\_\_

Architect:  
 Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone (W) \_\_\_\_\_ (C) \_\_\_\_\_ (Fax) \_\_\_\_\_

Type of Work:  
 New Construction Residential  
 New Construction Commercial  
 Tenant Finish  
 Addition  
 Garage/Shed  
 Plbg  
 Alteration  
 Reside/Reroof  
 Htg  
 Finish Bsmt  
 Fireplace  
 Deck

Description of Work: \_\_\_\_\_  
 \_\_\_\_\_

Size of Structure: Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_  
 Total Square Footage: First Floor \_\_\_\_\_ Second Floor \_\_\_\_\_ Basement \_\_\_\_\_ Garage \_\_\_\_\_

Estimated Valuation of Work: \$ \_\_\_\_\_

*Separate permits are required for electrical, plumbing, heating or fireplace. I hereby apply for the above consideration and declare that the information and materials submitted with this application are in compliance with City Ordinance and Policy Requirements and are complete and accurate to the best of my knowledge. It is applicants responsibility to locate and establish the elevations, if needed, of all site improvements. Required adjustments at owners expense. I understand that all City incurred professional fees and expenses associated with the processing of this request are the responsibility of the property owner and/or applicant and will be promptly paid. If payment is not received from the applicant, the property owner acknowledges and agrees to be responsible.*

Applicants Signature \_\_\_\_\_ Applicants Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Approved by Building Official \_\_\_\_\_ Value Approved \_\_\_\_\_ Date \_\_\_\_\_

Special Conditions or Comments: \_\_\_\_\_

BUILDING PERMIT FEES	
Permit	_____
Surcharge	_____
Plan Check	_____
Engineering (site)	_____
Mechanical	_____
Fireplace (s)	_____
Plumbing	_____
Sewer	_____
Water	_____
Water Meter	_____
City WAC	_____
JP WAC	_____
SAC	_____
Storm Water	_____
License Check	_____
Other	_____
<b>TOTAL</b>	_____

Type of Const.	_____
Use of Bldg	_____
Occupancy Group	_____
Occupancy Load	_____
Zoning	_____
Code Used	_____

Are Fire Sprinklers Required?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Dept.	Date _____	Approved _____
City Engineer	_____	_____
Notify of Assoc & Covenant	_____	_____
Public Works	_____	_____
City Planner	_____	_____

**\*Please submit the completed building application to maeghanb@albertvillemn.gov**



## PERMANENT SIGN PERMIT APPLICATION

Please print or type all information. Complete all applicable items on both pages. **A Building Permit Application must accompany each Permanent Sign Permit Application.** Property Owners/Landlords Approval is required for Permanent Signs by signature below or letter of approval submitted with application.

Property Address \_\_\_\_\_

PID# \_\_\_\_\_

Applicant Name \_\_\_\_\_ Address \_\_\_\_\_

Applicant City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicants Phone \_\_\_\_\_ Email \_\_\_\_\_

Applicant is (please check one)                      Owner                      Contractor                      Other

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PRINTED Property Owner's Name \_\_\_\_\_

**Signature of Owner \* Required** \_\_\_\_\_

Street Address \_\_\_\_\_

Owner's Phone Number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Sign Contractor's Name \_\_\_\_\_

Contractor's Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

Email \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Class of Work:                      New                      Addition                      Alteration                      Repair                      Demolition

**\*Please complete the following two pages to provide the necessary information for a complete sign permit review.**

<i>Sign Types</i>	<i>Sign Faces</i>	<i>Sign Frames</i>	<i>Sign Supports</i>	<i>Class</i>
Wall	Plastic	Plastic	Plastic	Business
Freestanding	Metal	Metal	Metal	Nameplate
Temporary	Aluminum	Aluminum	Aluminum	Advertising
Billboard	Steel	Steel	Steel	Directional
Monument	Plastic	Wood	Footings	Nameplate

<i>Illuminated</i>
Yes ____ * See below
No ____

**Note:** Please complete the following section by indicating the terms listed above in the columns provided for each sign. If more columns are needed, use an additional form.

	<i>Sample</i>	<b>Sign 1</b>	<b>Sign 2</b>	<b>Sign 3</b>
<b>Type</b>	<i>Wall</i>			
<b>Quantity</b>	<i>1</i>			
<b>Face</b>	<i>Plastic</i>			
<b>Frame</b>	<i>Plastic</i>			
<b>Support</b>	<i>Building</i>			
<b>Class</b>	<i>Business</i>			
<b>Illuminated</b>	<i>NO</i>			
<b>Length</b>	<i>4 feet</i>			
<b>Width</b>	<i>4 feet</i>			
<b>Square Feet</b>	<i>16 square feet</i>			

**In addition, sign permit applications must be submitted with the following information in order to be processed and reviewed for City approval:**

**Site Location:**

1. **For ground signs**, provide a survey or aerial photo showing the proposed sign site. The survey or aerial photo should provide a graphic scale and should indicate the location of both existing and proposed signs relative to lot lines, buildings, structures, etc.
2. **For building signs (wall, window, blade, etc.)**, identify on which building façades (east, west, front, side, etc.) signs will be placed, and provide a scaled graphic of each affected building façade, with both existing and proposed signs indicated.
3. If the sign is associated with a multiple tenant building indicate the location of the tenant bay within the site via description or site map. Specify name of commercial development and location.

**Building Information:**

1. Wall signs cannot exceed 15% of the building façade or tenant bay fronting on a public street for commercial development, or 10% of the building façade for industrial development. Provide the building façade or tenant bay dimensions: **(See Exhibit A)**

Width \_\_\_\_\_ (feet) x Height \_\_\_\_\_ (feet) = Total wall surface \_\_\_\_\_ (square feet)

**Wall Sign Information:**

1. Provide an illustration of the proposed sign showing the signs size:

Width \_\_\_\_\_ (feet) x Height \_\_\_\_\_ (feet) = Total sign area \_\_\_\_\_ (square feet)

2. Provide wall sign construction details illustrating wall mounting methods.
3. Identify the number and area (square feet) of existing wall signs on each building façade.

**Ground Sign Information:**

1. Provide an illustration of the proposed ground sign showing:
  - a. The dimension of the total sign surface. Identify number of sign faces.
  - b. Detail on the height and dimensions of the support structure or sign base.
  - c. Total sign height.
2. Provide ground sign construction details identifying sign material and color.

**\*Illumination Information:**

1. Provide a detailed description of any electrical components that are proposed with a building or ground sign. Identify electrical connections, methods of illumination, and electricity needed. Demonstrate that illumination will not exceed 500 lumens per square foot.
2. Verify that the sign will be wired to conform to the electrical code of the State of Minnesota.

**Changeable Copy Sign Information:**

1. Provide all required wall or ground sign information listed above (depending on where changeable copy sign will be mounted).
2. Provide all required illumination information listed above.
3. Provide a site plan showing sign location and setback from nearest residential zoning district.
4. Indicate ratio/percentage of changeable copy sign in comparison to total wall or ground sign face area.
5. Identify length of time on message change intervals.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building Official Signature

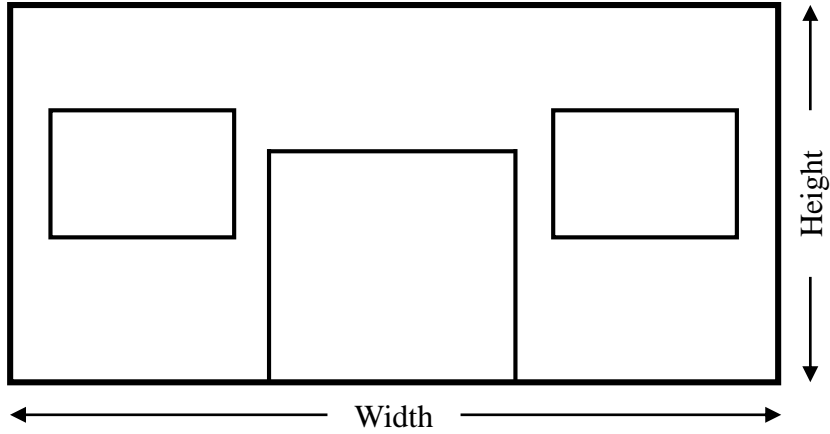
\_\_\_\_\_  
Date

**Special Approvals:**  
\* *Monument & Free Standing Signs ONLY unless noted*

	Date Routed	Approved
Building Official	_____	_____
Public Works Supervisor *	_____	_____
Wastewater Superintendent *	_____	_____
City Engineer *	_____	_____
Other	_____	_____

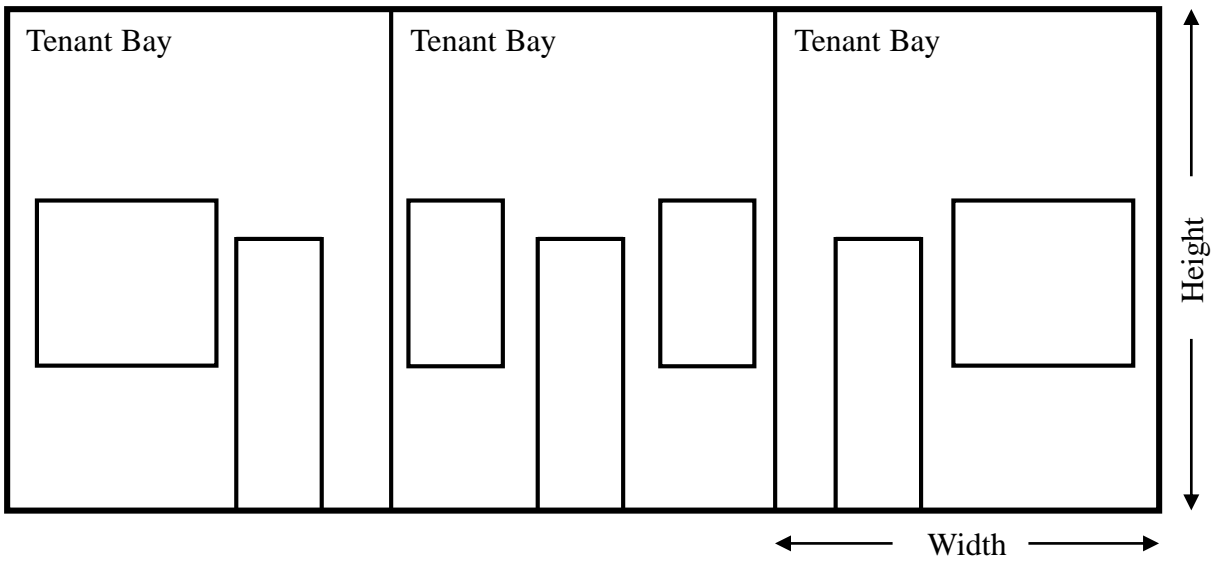
# Exhibit A: Building Façade Description for Wall Signs

## Single-Occupant Building



$$\text{Width} \times \text{Height} = \text{Façade Area}$$

## Shopping Center



$$\text{Width} \times \text{Height} = \text{Façade Area}$$

Maximize Sign Size = 10% of Façade Area for Industrial Building  
or 15% of Façade Area for Commercial Building