

Application Number: \_\_\_\_\_

**CITY OF WILLMAR  
SIGN PERMIT APPLICATION**

Address of Sign Location: \_\_\_\_\_

Business Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Sign Contractor: \_\_\_\_\_

Height x Width of Sign (Square Footage): \_\_\_\_\_

Type of Sign: \_\_\_\_\_ Vehicle/Pedestrian Clearance: \_\_\_\_\_

Overall Height: \_\_\_\_\_ Setback: \_\_\_\_\_

\*Right-of-way location verification is the responsibility of the applicant.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**PERMIT DETERMINATION**

Approved  Denied

Permit Fee: \_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator

\_\_\_\_\_  
Date

***Office Use***

Fee Amount: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Payment Type: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Payor: \_\_\_\_\_