



CITY OF WILLMAR SPECIAL SIGN PERMIT APPLICATION

DATE: _____ FEE PAID: _____ DEPOSIT PAID: _____ APPLICATION #: _____

APPLICANT'S NAME _____ PARCEL # & ADDRESS OF SIGN LOCATION _____ ZONING DISTRICT _____

OWNER'S NAME (if different than applicant) _____ OWNER'S ADDRESS _____

PROPERTY OWNER'S NAME _____ PROPERTY OWNER'S ADDRESS _____

SIGN CONTRACTOR _____ CONTRACTOR'S ADDRESS _____

TYPE OF SIGN _____ HEIGHT X WIDTH – AREA (SQ. FT.) _____

OVERALL HEIGHT _____ SETBACK _____ VEHICULAR CLEARANCE _____ PEDESTRIAN CLEARANCE _____

ZONING ORDINANCE STANDARDS MET?

Section 2.4.C.1.-C.4 Yes _____ No _____
6.3.C.3 Yes _____ No _____
6.3.C.2 Yes _____ No _____

COMMENTS: _____

PERMIT DETERMINATION

APPROVED: _____

DENIED: _____

DATE: _____

CONTACT PHONE # _____

APPLICANT'S SIGNATURE

ZONING ADMINISTRATOR'S SIGNATURE

FEE AMOUNT PAID: _____

DEPOSIT AMOUNT PAID: _____

DATE PAID: _____

PAYMENT TYPE: _____

CHECK NO.: _____

RECEIPT NO.: _____

ATTENTION: Right-of-way location verification is the responsibility of the applicant.