



CITY OF WILLMAR SIGN PERMIT APPLICATION

DATE: _____ FEE 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 _____	
COMMENTS: _____ _____ _____				
PERMIT DETERMINATION APPROVED: _____ DENIED: _____ DATE: _____		CONTACT PHONE # _____ APPLICANT'S SIGNATURE _____ ZONING ADMINISTRATOR'S SIGNATURE _____		
FEE AMOUNT PAID: _____ DATE PAID: _____ PAYMENT TYPE: _____ CHECK NO.: _____ RECEIPT NO.: _____		ATTENTION: Right-of-way location verification is the responsibility of the applicant.		