

Application Number: _____

**CITY OF WILLMAR
SPECIAL SIGN PERMIT APPLICATION**

Address of Sign Location: _____

Business Name: _____

Property Owner Name: _____

Applicant Name: _____

Sign Contractor: _____

Height x Width of Sign (Sq. Ft.): _____

Type of Sign: _____ Vehicle/Pedestrian Clearance: _____

Overall Height: _____ Setback: _____

Date of Sign being put up: _____ Date of Sign taken down: _____

**\$100.00 deposit is to be paid with all temporary sign permits, the deposit will be refunded once sign is taken down.
Right-of-way location verification is the responsibility of the applicant.*

Applicant Signature: _____ Date: _____

Applicant Phone Number: _____

PERMIT DETERMINATION

Approved Denied

Permit Fee: _____

Deposit Fee: _____

Zoning Administrator

Date

Office Use

Fee Amount: _____

Deposit Amount: _____

Date Paid: _____

Payment Type: _____

Receipt Number: _____

Payor: _____