



MARSHALL

BUILDING DEPARTMENT
344 WEST MAIN STREET
MARSHALL, MN 56258-1313
PHONE: (507) 537-6773
FAX: (507) 537-6830

APPLICATION FOR SIGN PERMIT

OWNER: _____ Daytime Phone No. _____

Mailing Address: _____

Email Address: _____

Cell Phone No. _____

CONTRACTOR: _____ Business Phone No. _____

Mailing Address: _____

Email Address: _____

APPLICANT (if different from above): _____ Daytime Phone No. _____

Mailing Address: _____

Email Address: _____

LOCATION ADDRESS: _____

APPLICANT: Owner Contractor Other

VALUATION: Total valuation of all work including labor and materials _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not.

I understand that no work shall begin until I receive the Sign Permit issued by the Building Official upon full payment of the sign permit fee.

Signature of Applicant

Date