



Lewiston City Hall
75 Rice Street • P.O. Box 129 • Lewiston, MN
55952
Phone (507) 523-2257 • Fax (507) 322-4018

Date: _____

Permit # _____

Sign Permit Application

Property Address: _____

Applicant is: Owner Contractor

Property Owner: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

Contractor: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

State License No: _____

Sign Dimensions: _____

Sign Height: _____

Type of Sign Lighting: _____

Class of Work: New Remodel Repair Replace

Type of Sign: Free Standing Wall Mounted Ground

The undersigned hereby makes application for a sign permit and understands work cannot start without a permit; agrees that all work will be done in compliance with State Building Code, City Ordinances, and Approved Plans.

Applicants Signature

Date

Approved By: _____

Date: _____

Plans: _____ Fee: _____