



Permit # \_\_\_\_\_  
Fee: \$40.00

75 Callaway St. E St. Joseph, MN 56374  
Phone: 320.363.7201 City website: [www.cityofstjoseph.com](http://www.cityofstjoseph.com)

## Temporary Portable Sign Permit Application

**Start Date:** \_\_\_\_\_ **Removal Date:** \_\_\_\_\_  
*The duration of time a portable sign can be located on a property is limited to a maximum of forty (40) days in any one calendar year.*

**APPLICANT:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**SIGN LOCATION:** \_\_\_\_\_

**NAME OF BUSINESS/SHOPPING CENTER:** \_\_\_\_\_

**SIZE OF SIGN** *Not to exceed sixty-four (64) square feet in size. Ordinance No. 502.11 Subd. 13.*

**Height** \_\_\_\_\_ **Width** \_\_\_\_\_ **Number of Sides** \_\_\_\_\_

I, the undersigned, hereby certify that I have read and understand this application and that the information submitted is true, and accurate.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Fee Paid – Check#/Cash: \_\_\_\_\_

Planning or Building Department Approval: \_\_\_\_\_