

LEAVE A BLANK BETWEEN WORDS



STATE OF MINNESOTA DEPARTMENT OF TRANSPORTATION ADVERTISING DEVICE PERMIT APPLICATION

APPLICANT LANDOWNER

Name lines 1-3, Mailing address, City, State, ZIP, Telephone

Name, Mailing address, City, State, ZIP, Telephone

OFFICE USE ONLY: ACCOUNT, DO, PERMIT, C/D/N/S, 1/2/3/5, CS, I/P/S/U, TH, MILEPOINT, L/R, COMMENT

18. LOCATION SKETCH SPACE: (Submit sketch of property showing proposed device location, land ties, etc.)



ZONING & ZONING AUTHORITY

Submit legal description of property if required.

PROPERTY LOCATION:

7. HIGHWAY, 8. COUNTY, 8A. MUNICIPALITY

9. SIGN MESSAGE:

10. LANDMARKS:

11. ADVERTISING AREA (Include border & trim): HEIGHT, WIDTH, SQUARE FEET

12. Illuminating Device: Yes No

13. Distance from center of highway to nearest corner of device Ft.

13A. Right of way at sign site Ft.

14. Approx. Date device will be/was erected

15. Type Device: SINGLE FACE, SIDE BY SIDE, V TYPE, BACK TO BACK

16. Landowner, Leasee or Agent must submit letter granting use of property or sign item below.

17. I, We, the undersigned, hereby declare that all statements herein are true and complete...

SIGNATURE, DATE

Submit application with check for proper fee payable to Commissioner of Transportation

ADVERTISING DEVICE PERMIT

Permission is hereby granted for the construction of the device as described in the above application...

SPECIAL REQUIREMENTS: Device must be erected within 120 days or permit will be voided.

This permit expires on June 30, 20... FOR DISTRIBUTION OF COPIES, SEE REVERSE SIDE.

DATE, DISTRICT ENGINEER

Permit No.

