

th, PO Box 160, Aurora, MN 55705	PERMIT NUMBER:
in, 1 0 Bon 100, 1101010, 1111 1 55 7 05	

Job Site Address:							
Signage Size: (square feet)	The Applicant Is: Owner Contractor						
OWNER INFORMATION:							
Name:							
Address:Number and Street Name			City	State	Zip		
Phone:	Cell:		Fax:				
CONTRACTOR INFORMATION: Name:							
Address:Number and Street Name			City	State	Zip		
Phone:	Cell:		Fax:				
SIGN TYPE: Wall Sign Pylon Sign Monument Awning Other Sign is Double-Faced	WORK TYPE: □ Permanent Sign □ Temporary Sign □ Other ESTIMATED \$ VAL		Height				
DISPLAY INFORMATION (TEMPORARY SIGNS ONLY): Number of Days Sign Will be Displayed: From: To:		ADDITIONAL INFORMATION REQUIRED: □ SITE PLAN showing the location of all buildings and existing and proposed signs. A property survey is preferred, however a sketch plan of the property is acceptable. □ PICTORIAL REPRESENTATION of the sign design indicating material type, color and lettering					
Permit will become void one year from date of issuance. Permits issued and inspections made by the City are a public service and do not constitute any representation, guarantee or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the applicable ordinances and laws of the City of Aurora.							
Applicant's Signature			Dat	e			
Planning & Zoning Chairperson: Date							
FOR OFFICE USE ONLY							
☐ Copy to property owner and/or contractor ☐ Initial ☐ Permit Application Fee \$40.00							