



Temporary Sign Permit Application

Zoning/Application Questions? 763-261-5301

Email completed application & documents

Permits@beckertownship.org

Drop off at 12165 Hancock Street, Becker. M/T/W/F 8-4:30.

Closed Thursdays & Federal Holidays

**Building Permits are
paid for at pickup.**

**Do not begin any work
until permit is issued.**

Permits missing any information will not be accepted.

Parcel Identification Number: **05-**_____ - _____

Sign Location Address (required if not same as owner's address): _____

No address? Subdivision, Lot and Block: _____

Permit No.

Property Owner

Name: _____

Email: _____

Phone: _____

Contact Person (if different): _____

Address: _____

City/State/Zip Code: _____

Contractor (if blank, Property Owner Waiver required):

Company Name: _____

License/Bond: _____

Address: _____

City/State/Zip Code: _____

Contact Person: _____

Email: _____

Phone: _____

Cell: _____

Sign detail

Display Dates _____

Size _____ x _____ = _____

Width x Height = Square Feet

Lighted Sign? _____

I hereby certify that I have furnished on this application, which is to the best of my knowledge true and correct. I also certify that I am the owner or authorized agent for the above-mentioned property and that all construction will conform to all existing state and local laws and will proceed in accordance with submitted plans. I am aware that this permit can be revoked for just cause. Furthermore, I hereby agree that the Town Official or designee may enter upon the property to perform needed inspections.

I understand that the temporary sign deposit shall only be returned to me upon removal of the temporary sign by the date stated below. Should the sign remain in place after that date I forfeit the deposit. Should further enforcement action be required I understand I will be charged for the full cost of enforcement including but not limited to sign removal, staff time, and legal fees.

Applicant(s) Signature: _____

Date: _____

Owner(s) Signature: _____

Date: _____

Planning Department Approval Signature

Date

Receipt for Temporary Sign Payment

Township Use Only	
Permit #	
Date:	
Temporary Sign Fee	
Investigative Fee	
Escrow Deposit	
Other	
Other Description	
Admin Fee	10.00
Cash Discount Total	
Credit Card Total	

Temporary Sign Permit Deposit Refund Application

Fill out and return this entire form **AFTER** the sign has been removed.

Do Not provide this information with the temporary sign application.

Property Information: (of the sign location)

Address: _____

Business Name: _____

Phone Number: _____

Email Address: _____

Signature: _____ Date: _____

The deposit may be returned to the above applicant.

Planning Department: _____ Date: _____

Code: _____ Amount: _____