

CITY OF ROCKFORD

6031 Main St
Rockford, MN 55373
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www.cityofrockford.org

TEMPORARY SIGN APPLICATION

Name of Applicant: _____

Name of Property Owner: _____

Address of Sign Location: _____

Display Dates: _____/_____/_____ to _____/_____/_____ Total # of Days _____

Size of Sign: _____ Height of Sign: _____

Sign Materials: _____

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- The sign shall not exceed forty-eight (48) square feet.
 - The sign shall not be illuminated or include any flashing device.
 - Not more than one (1) temporary sign shall be displayed upon a property at any one time.
 - The sign shall not be defined as an off-premises sign as regulated by the sign ordinance.
 - Display of a temporary sign shall be limited to no more than thirty (30) consecutive days and not more than one hundred and twenty (120) days per calendar year.

Submit the \$10 fee and a survey or aerial map showing where the proposed sign will be located, including any easements.

Signature of Applicant: _____

Signature of Property Owner: _____

TO BE COMPLETED BY CITY STAFF:

Zoning District _____ Site Plan Received _____

Number of Display Days _____ (Maximum 30)

Number of Display Days for the Calendar Year _____ (Maximum 120)

Fee Paid: \$10.00 Date Paid _____ Cash/Check # _____

Zoning Administrator Signature of Approval _____

Date _____