



TOWN OF MANHATTAN

PO Box 96
 Manhattan, MT 59741
 406-284-3235
 townofmanhattan@gmail.com

Date:

Site	Address:		
Property Owner	Name:	Phone:	
	Address:		
	City:	Zip:	
Business Owner	Name:	Phone:	
	Address:		
	City:	Zip:	
Sign Contractor	Name:	Phone:	
	Address:		
	City:	Zip:	

Contact Person:	Phone:
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Existing Signage To Remain	Sign Type:	Sign Copy:	Area (S.F.):	Permit #:

New Signage Requested	Sign #:	Sign Type:	Project Over <input type="checkbox"/> Y
	Sign Area:	Sign Height:	Right of Way? <input type="checkbox"/> N
	Sign Copy/Text:		

Total Sign Area (S.F.): (Includes signage to remain)

Zone:	Building Front (L.F.):
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These are required for processing your application:

Scaled elevation plans Color Print

Signature of Applicant:	Date:
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Received by:	Date:
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Approved by:	Date:
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Building/Electrical Permit:	Date Issued:
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Permit Fee: \$75.00	Date Paid:
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