

City of Minneapolis
APPLICATION FOR SPECIAL PERMIT

Please Print

Please Print

DATE OF APPLICATION: _____ APPLICATION/PERMIT NUMBER: 2004-023

APPLICANT PERMIT INFORMATION

Permission is requested to: Replace Existing CONOCO SIGN (110 sq FT)
WITH 54 sq FT Shell Sign (Back-Lit)

RECEIVED
MAR 15 2004
ASAP

Request is for: Temporary usage (from _____ to _____) Permanent, starting: ASAP

Location (address): 3333 CEDAR AVE SO

Fee Paid: \$ 25.00 *gd* Applicant Phone Number: 651-439-7440

Applicant Address (Street, City & Zip): 6077 LK ELMO AVE NW, Stillwater, MN 55082

APPLICANT NAME (PRINT): Amken Lighting
DUANE DOWNEY APPLICANT SIGNATURE: Duane Downey DATE SIGNED: 3-11-04

TYPE OF PERMIT ADMINISTRATIVE PERMIT COUNCIL PERMIT

DEPARTMENT RECOMMENDATION

Name of Department: INSPECTIONS Phone Number: 673-5810

Department Staff Recommendation: Recommend Approval Recommend Denial No Recommendation

Comments: AUTHORIZED SPECIAL COUNCIL PERMIT - PROPOSED SIGN
MEETS THE REQUIREMENTS OF CHAPTER 543 OF THE
MINNEAPOLIS ZONING CODE.

Signature: [Signature] Date Signed: _____

COUNCIL MEMBER RECOMMENDATION

Council Member Recommendation: Recommend Approval Recommend Denial No Recommendation

Comments: site is captured by site plan review
and site plan will control signage.

Signature: [Signature] Ward: 9 Date Signed: 3/18/04

FINAL ACTION

Referred to _____ Committee.

Committee Action: _____ Date: _____

Council Action: _____ Date: _____

City Clerk: _____ Effective Date: _____

ROUTING INSTRUCTIONS

ADMINISTRATIVE PERMIT

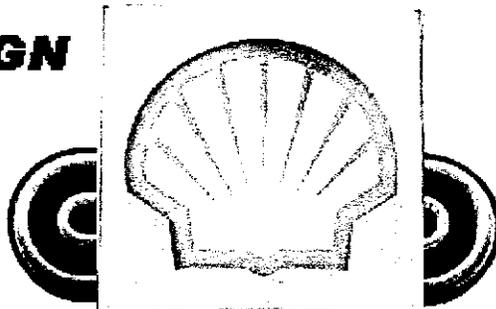
1. Applicant fills out application.
2. City Clerk logs application and forwards to department.
3. Department approves or denies application and notifies Council Member.
4. Application returned to City Clerk for final disposition and applicant notification.

COUNCIL PERMIT

1. Applicant fills out application.
2. City Clerk logs application and forwards to department.
3. Department staff forwards recommendation to Council Member.
4. Council Member returns recommendation to staff before Committee Meeting.
5. Committee and Council approve or deny application.
6. City Clerk notifies applicant of final action.

When approved, the Pink Copy of this form will become the "Special Permit".

6' x 6' ID SIGN



SELF SE

UNLEADED

UNLEADED PLUS



20'

3' X 6' PRICE SIGN

ID SIGN = 36 SQ. FT.

PRICE SIGN = 18 SQ. FT.

TOTAL = 54 SQ. FT.

AUTO REPAIR / TRANSMISSION

SIX EVERGREENS TO BE
PLANTED BY JUNE 1

S.W. corner

Remove all existing signs



OPERATIONS & REGULATORY SERVICES
 INSPECTIONS DIVISION
 250 South 4th Street - Room 300
 Minneapolis, MN 55415-1316
 General Information - 612-673-5800
 TTY - 612-673-3300 FAX - (612) 370-1416
 www.ci.minneapolis.mn.us/inspections

APPLICATION

SIGN

JOB ADDRESS (PLEASE INCLUDE BLDG #, STREET NAME & DIRECTION & BLDG NAME IF KNOWN):
3333 CEDAR AVE So. (Shell)

OWNER/OCCUPANT & PHONE NO:
ADAM ALI 612-724-4432

TYPE OF WORK TO BE DONE: CONST INSTALL REPLACE ALTER REPAIR VALUE OF WORK: \$

AREA OF EXISTING SIGNS/BILLBOARDS Remove ALL SQ FT AREA ADDED _____ SQ FT
 _____ REPAINT (change of copy)

COPY: "Price"

WORK TO BE DONE WILL INCLUDE THE FOLLOWING (PLEASE CHECK ALL THAT APPLY):

<input type="checkbox"/>	INSTALLED ON BUILDING	<input type="checkbox"/>	HEIGHT ABOVE GRADE MEASURED AT TOP OF SIGN
<input checked="" type="checkbox"/>	BILLBOARD GROUND SIGN	<input type="checkbox"/>	ALTERATION
<input type="checkbox"/>	OFF PREMISE ADVERTISING	<input type="checkbox"/>	FLAT WALL
<input type="checkbox"/>	TEMPORARY	<input checked="" type="checkbox"/>	ILLUMINATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	PROJECTING	<input type="checkbox"/>	
LENGTH <u>3'</u>	HEIGHT <u>6'</u>	<input type="checkbox"/>	FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT SIDE <input type="checkbox"/> RIGHT SIDE

ADDITIONAL INFORMATION:
INSTALL 3'x6' Price Sign on Side of Pole

I hereby certify that all information provided in this application form and any other information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations in performing the work for which this permit is issued, and that I possess all contractor and personal licenses and certificates of competency, if any, that are required for lawful performance of the work described in this permit. I understand that the issuance of this permit does not imply or authorize the granting of any such license or certificate of competency, nor the issuance of any business or professional license.

Devanandjourney 3-11-04
 SIGNATURE DATE

COMPANY NAME: <u>AMTECH LIGHTING</u>	CONTRACTOR LICENSE # <u>1089-5000</u>
COMPANY ADDRESS: <u>6077 LK EIMD AVE NO</u>	COMPANY PHONE #: <u>651-439-7440</u>
CITY: <u>Stillwater</u> STATE: <u>MN</u> ZIP CODE: <u>55082</u>	CONTACT PERSON & PHONE #: <u>DUANE</u>

MAKE CHECKS PAYABLE TO: MINNEAPOLIS FINANCE DEPT

OR CHARGE TO: MASTERCARD VISA ACCT NO. _____ EXP DATE _____



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 INSPECTIONS DIVISION
 250 South 4th Street - Room 300
 Minneapolis, MN 55415-1316
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APPLICATION

SIGN

JOB ADDRESS (PLEASE INCLUDE BLDG #, STREET NAME & DIRECTION & BLDG NAME IF KNOWN):

3333 CEDAR AVE So. (Shell)

OWNER/OCCUPANT & PHONE NO:

ADAM ALI 612-724-4432

TYPE OF WORK TO BE DONE: CONST INSTALL REPLACE ALTER REPAIR VALUE OF WORK: \$

AREA OF EXISTING SIGNS/BILLBOARDS Remove ALL SQ FT AREA ADDED 36 SQ FT

REPAINT (change of copy)

COPY: Shell

WORK TO BE DONE WILL INCLUDE THE FOLLOWING (PLEASE CHECK ALL THAT APPLY):

<input type="checkbox"/>	INSTALLED ON BUILDING	<input type="checkbox"/>	HEIGHT ABOVE GRADE MEASURED AT TOP OF SIGN <u>20'</u>
<input checked="" type="checkbox"/>	BILLBOARD GROUND SIGN	<input type="checkbox"/>	ALTERATION
<input type="checkbox"/>	OFF PREMISE ADVERTISING	<input type="checkbox"/>	FLAT WALL
<input type="checkbox"/>	TEMPORARY	<input checked="" type="checkbox"/>	ILLUMINATED YES <input type="checkbox"/> NO
<input type="checkbox"/>	PROJECTING		

LENGTH 6' HEIGHT 6' FRONT REAR LEFT SIDE RIGHT SIDE

ADDITIONAL INFORMATION:

Replace "Conoco" sign with "Shell" on
EXISTING Pylon Pole

I hereby certify that all information provided in this application form and any other information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations in performing the work for which this permit is issued, and that I possess all contractor and personal licenses and certificates of competency, if any, that are required for lawful performance of the work described in this permit. I understand that the issuance of this permit does not imply or authorize the granting of any such license or certificate of competency, nor the issuance of any business or professional license.

Duane Journey
 SIGNATURE

3-11-04
 DATE

COMPANY NAME: <u>AMTECH LIGHTING</u>	CONTRACTOR LICENSE # <u>1089-5000</u>
COMPANY ADDRESS: <u>6077 LK ELMO AVE NO</u>	COMPANY PHONE #: <u>651-439-7440</u>
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