TOWN OF MANHATTAN
PO Box 96
207 S 6th St
Manhattan, MT 59741
1-406-284-3235
office@manhattanmt.gov

Date:

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

Contact Person:		Phone:		Email:	

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

New Signage Requested	Sign #:	Sign Type:	Project Over Right of Way? ☐ Yes ☐ No	
	Sign Area:	Sign Height:	Value of the Sign:	
	Sign Copy/Text:			

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

Zone:		Building Front (L.F.):	

REQUIRED FOR COMPLETE APPLICATION:

☐ Scaled elevation plans ☐ Site plan (if applicable) ☐ 8.5" x 11" Color rendering of sign ☐ Equivalent electronic image (jpg)

Signature of Applicant:		Date:	
Signature of Property Owner:		Date:	
Received by:		Date:	
Approved by:		Date:	

Permit Fee: $75.00	Date Paid: