



**TOWN OF MANHATTAN**

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

Date:

<b>Site</b>	Business Name:	
	Address:	
<b>Property Owner</b>	Name:	Phone:
	Address:	Email:
	City: State:	Zip:
<b>Business Owner</b>	Name:	Phone:
	Address:	Email:
	City: State:	Zip:
<b>Sign Contractor</b>	Name:	Phone:
	Address:	Email:
	City: State:	Zip:

Contact Person:	Phone:	Email:
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<b>Existing Signage To Remain</b>	Sign Type:	Sign Copy:	Area (S.F.):	Permit #:

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

Total Sign Area (S.F.): (Include signage to remain)
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Zone:	Building Front (L.F.):
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**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:
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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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