

City of Spring Lake Park
1301 81st Avenue NE
Spring Lake Park, MN 55432

Sign Permit

July 20, 2020

Prime Time Medical Training
1446 85th Avenue NE



CITY OF SPRING LAKE PARK
1301 81st Avenue N E
Spring Lake Park, MN 55432
763-784-6491

Sign Permit Application

DATE: 6/24
NAME OF APPLICANT: Albrecht Signs
ADDRESS OF APPLICANT: 775 Main St Fridley
TELEPHONE NUMBER OF APPLICANT: 763-784-2899
NAME OF BUSINESS AND LOCATION of building structure, or lot to which or upon which the sign is to be attached or erected 1446 85th Ave NE

New Construction: Remodel: Word Change Only:

Attach a drawing or sketch showing the position of the sign in relation to the nearest building, structures, public streets, right-of-way and property lines. Said drawing to be prepared to scale.

Attach two (2) blueprints or ink drawings of the plans and specifications and method of construction or attachment to the building or in the ground, including all dimensions. Show location of all light sources, wattage, type and color of lights and details of light shields or shades.

Attach a copy of stress sheets and calculations showing the structure is designed for dead load and wind velocity in the amount required by this and all other Ordinances of the City, if requested by the Building Inspection Department.

Name of person, firm or corporation erecting the structure: Albrecht Signs

Address: _____

Is an Electrical Permit required? na

I, the undersigned applicant, do further make the following agreement with the City of Spring Lake Park Mn:

- 1) To authorize and direct the City of Spring Lake Park to remove and dispose of any signs and sign structures on which a Permit has been issued but which was not renewed, if the owner does not remove the same within thirty (30) days following the expiration of the Permit.
- 2) To authorize and direct the City of Spring Lake Park to remove said sign and sign structure, at the expense of the applicant, where maintenance is not furnished, but only after a hearing and after notice of sixty (60) days, specifying the maintenance required by the City.
- 3) To provide any other additional information which may be required by the Building Inspection Department.

[Signature]
SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY:*****

FEE: \$ 150.00

RECEIPT NUMBER: _____

DATE OF APPROVAL: _____ DATE OF ISSUE: _____

REASON FOR DENIAL: _____

ADDITIONAL REQUIREMENTS FOR SIGN PERMIT:

SQUARE FOOTAGE OF FRONT OF BUILDING: $110 \times 20 = 2,000 \cancel{\text{sq ft}}$

SQUARE FOOTAGE OF ALL EXISTING SIGNS: $60 \cancel{\text{sq ft}} + 64 \cancel{\text{sq ft}} + 48 \cancel{\text{sq ft}} = 172 \cancel{\text{sq ft}}$

SQUARE FOOTAGE OF PROPOSED SIGN OR SIGNS: $30 \cancel{\text{sq ft}}$ $17 \cancel{\text{sq ft}}$ Building + $13 \cancel{\text{sq ft}}$ Building by door

INCLUDE A DRAWING SHOWING LOCATION AND MESSAGE ON SIGN.

IF YOU ARE NOT THE OWNER OF THE PROPERTY, INCLUDE A SIGNED LETTER FROM THE OWNER GIVING PERMISSION TO ERECT THE SIGN.

NOTE: ALL APPLICATIONS ARE DUE BY NOON ON THE TUESDAY PRECEDING THE COUNCIL MEETING.

DRAWING:

Proposed
 $17 \cancel{\text{sq ft}} - \$ 75.00$
 $13 \cancel{\text{sq ft}} - \$ 75.00$

$600 \cancel{\text{sq ft}} - 30\%$
 $30 \cancel{\text{sq ft}} - \text{proposed}$
 $172 \cancel{\text{sq ft}} \text{ Existing}$

 $398 \cancel{\text{sq ft}} \text{ Remaining}$

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From: Vessie Jones <vessie@primetimemedtraining.com>

Sent: Wednesday, June 24, 2020 5:54:16 PM

[Quoted text hidden]

[Quoted text hidden]

Brent Baethke <brent@albrechtsigncompany.com>
To: Vessie Jones <vessie@primetimemedtraining.com>

Wed, Jul 1, 2020 at 11:56 AM

Hi Vessie-

Attached is the revised proof for your and your landlord's approval. Please have the landlord sign-off or send a written/email approval. Once I receive I will resend a docusign email to have you sign-off on it.

Thanks!

-Brent

[Quoted text hidden]

2 attachments



image001.png
11K

PT Medical_Rev(3)_E.pdf
3254K

Vessie Jones <vessie@primetimemedtraining.com>
To: Brent Baethke <brent@albrechtsigncompany.com>

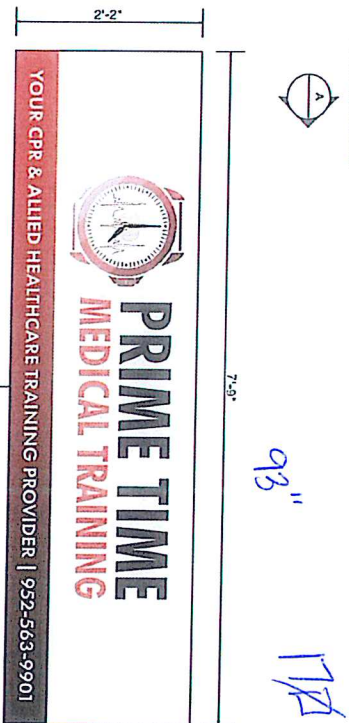
Wed, Jul 8, 2020 at 7:38 AM

L. Jones RN BSN PHN
Program Coordinator
www.primetimemedtraining.com
(P) 888-585-0725
(F) 612-437-4733

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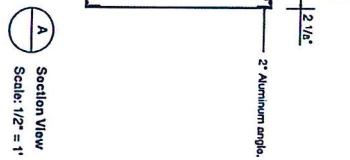
From: Rick Brickner <rick@bricknerbuilders.com>
Sent: Wednesday, July 8, 2020 7:32:30 AM
To: Vessie Jones <vessie@primetimemedtraining.com>
Subject: RE: Landlord approval

As landlord of this building I approve of the of the signs you want to put up. Rick Brickner, Brickner Braam LLC



Front View
Scale: 3/4" = 1'

2 1/8" deep pan sign,
3mm white dibond panel applied w/ full coverage
digital print w/ matte laminate finish.
Mount w/ clips to fascia.
Sq Ft: 16.8



Section View
Scale: 1/2" = 1'



Front View
Scale: 3/4" = 1'

2 1/8" deep pan sign,
3mm white dibond panel applied w/ full coverage
digital print w/ matte laminate finish.
Mount w/ clips to fascia.
Sq Ft: 13.1



Section View
Scale: 1/2" = 1'

Color:	CMYK																		
Point Patches:	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Version:	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Default Print:	Radio Ave - Radio Lam.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other:	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Quantity:	1 Each	Square Feet:	Varies
Single Face:	<input checked="" type="checkbox"/>	Illustrated:	<input type="checkbox"/>
Double Face:	<input type="checkbox"/>	Non-Illustrated:	<input checked="" type="checkbox"/>



18150 Spring Lake Road, Suite 100, Spring Lake, MI 49783
 Phone: 248-293-1111
 Fax: 248-293-1111
 www.albrechtsigns.com

Client Name: Prime Time Medical Training
 Client Address: 1410 35th Ave NE Suite E, Spring Lake Park, MN 55432

Start Date: 3/4/20
 Lead Release Date: 7/1/20
 Job Number: N/A
 Drawing Revision: 3
 Sales Representative: BB
 Designer: RD

Issue	Issue
01	
02	
03	
04	
05	
06	
07	
08	
09	
10	

Professional signature of approval
 [Signature]
 License Number: [Number]

LED Module	Power Supply
Type	Type
Unit	Unit

UL LISTED
 The Department of Energy Efficiency & Public Utilities
 has approved this product for use in the State of Michigan.
 This approval is based on the information provided by the manufacturer.
 The Department of Energy Efficiency & Public Utilities
 does not warrant the quality or performance of this product.
 For more information, please contact the Department of Energy
 Efficiency & Public Utilities at (313) 239-2300.

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NOTES:
Center sign below existing light.



Elevation
Scale: 1/4" = 1'



15301 AMERICAN HIGHWAY, SUITE E

7730 KANSAS, NE
FARGO, ND 58103
P: 701.785.3091 F: 701.785.2786
www.albrechtsigns.com

Client Name:
PrimeTime Medical Training

Client Address:
1446 55th Ave NE Suite B,
Spring Lake Park, MN 55432

Start Date: 3/4/20
Last Revision Date: 7/1/20
Job Number: N/A
Drawing Location: 3
Sales Representative: BB
Designer: ND

Revision	Issued
01	
02	
03	
04	
05	
06	
07	
08	
09	
10	

Distasteful Signature of Approval
Shawna
REVISIONS ONLY

LED Module	Power Supply
Type	Type
Units	Units

UL LISTED
The signboard is a UL listed product. The UL listing is for the signboard only. The UL listing is not for the signboard. The UL listing is for the signboard only. The UL listing is not for the signboard.

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Elevation
Scale: 1/4" = 1'

NOTES:
Align right edge of sign w/ window.



RESIDENTIAL COMMERCIAL INDUSTRIAL STORES

7700 Ross St. N.E.
Fargo, ND 58103
P: 701.784.3399 F: 701.782.7106
www.albrecht-signs.com

Client Name:
Pepin's Medical Training

Client Address:
1440 85th Ave NE Suite B,
Spring Lake Park, MN 55432

Start Date: 3/4/20
Lead Time on Order: 7/1/20
Job Number: N/A
Drawing Revision: 3
Sales Representative: BB
Designer: NO

Material	Height
01	60
02	60
03	60
04	60
05	60
06	60
07	60
08	60
09	60

Signature of Approver of Material
Shorely
JOB# BB18023017

LED Module: Power Supply
Type: Type
Units: Units

The sign listed in this advertisement meets the requirements of each one of the listed items. The manufacturer of the sign listed in this advertisement is listed in the "Manufacturer" column. The manufacturer of the sign listed in this advertisement is listed in the "Manufacturer" column.

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