



City of Spring Lake Park
1301 81st Avenue NE
Spring Lake Park, MN 55432
763-784-6491

Sign Permit
March 16, 2026

Sign Permit

Total Medical Supply

7777 Highway 65 NE



City of Spring Lake Park
1301 81st Ave NE
Spring Lake Park, MN 55432
763-784-6491
Permits@slpmn.org

SIGN PERMIT APPLICATION

JOB ADDRESS: 7777 Highway 65 Northeast, Spring Lake Park, MN, USA

APPLICANT INFORMATION:

Name: Jeremy Johnson
Address: 7777 Highway 65 Northeast, Spring Lake Park, MN, USA
Email: jeremyj totalmedicalsupply.com Phone: 2628222277
New Construction
Remodel
Word Change

CONTRACTORS INFORMATION:

Please Note: Contractors must be licensed with the City of Spring Lake Park

Name: Tamer Abdelhamid
Address: 2015 Lathrop Ave Racine Wi
Email: tamer@ledsupplywi.com Phone: 262-822-2277
State License #: SB806715 Expiration Date:

DESCRIPTION OF WORK TO BE COMPLETED:

Two Channel Letters

Square Footage of front of Building (Length X Width): 4544
Square Footage of all existing signs (Length X Width): 905
Square footage of proposed sign or signs (Length X Width): 93 + 93 = 186 (Building)

IS AN ELECTRICAL PERMIT REQUIRED? Yes ___ No X

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 & structure, at the expense of the applicant, where maintenance is not furnished, but only after hearing and after notice of sixty (60) days, specifying the maintained required by the City.
3. To provide any other additional information which may be required by the Building Inspection Department.

Applicant Signature: [Signature] Date: 03/02/2026



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REQUIREMENTS:

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 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.

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.

If the application is **NOT** fully completed, it will be denied at time of processing. Please verify that all necessary information is legible and plans are included with job cost estimates.

NOTE: All applications are due by noon on the Tuesday preceding the Council Meeting.

*****FOR OFFICE USE ONLY*****

Fee: \$282.50

Receipt Number: _____

Date of Approval: _____

Date of Issue: _____

Reason for Denial: _____

reposed
13~~7~~ - \$75 + 53^{66.25}(1.25) = 141.25
13~~7~~ \$75 + 53(1.25) = 141.25

1363 - 30%
905 - existing
186 - proposed

272~~7~~ Remaining

PROPOSED FRONT LIT CHANNEL LETTERS - FLUSH MOUNTED



Total Medical Supply | 7777 Highway 65 NE in
Spring Lake Park, MN

SITE PLAN



SIGN SCHEDULE

- A WALL SIGN - CHANNEL LETTERS**
- B WALL SIGN - CHANNEL LETTERS**

DATE

02-27-2026

REVISION

A

PROJECT NAME

Total Medical Supply

ADDRESS

7777 Highway 65 NE in
Spring Lake Park, MN

PM

Turner

DESIGNER

IU

SCALE

P-1/1

Int.

Overlays are for illustrative purposes only.
Final result, size of sign & scale may vary slightly.

COLORS ON PLOTTES MAY VARY
FROM ACTUAL PRODUCT USED

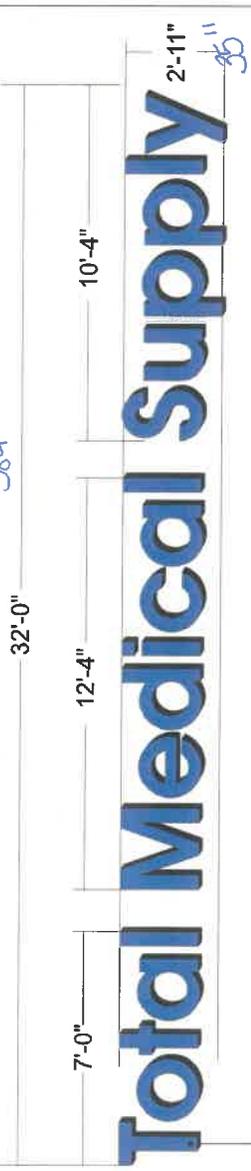
THIS IS AN ORIGINAL UNPUBLISHED DRAWING CREATED BY LED SUPPLY & SIGNS. IT IS SUBMITTED FOR YOUR REVIEW AND APPROVAL ONLY. IT IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM. THIS SIGN IS INTENDED TO BE INSTALLED IN ACCORDANCE WITH THE REQUIREMENTS OF ARTICLE 60A OF THE NATIONAL ELECTRICAL CODE AND/OR OTHER APPLICABLE LOCAL CODES. THIS INCLUDES PROPER GROUNDING AND BONDING OF THE SIGN.

937

PROPOSED FRONT-LIT CHANNEL LETTERS - FLUSH MOUNTED



FRONT VIEW



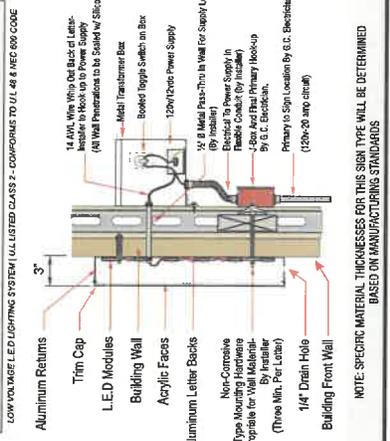
Face: 3/16" White Acrylic
Returns: 5" Black Coil
LED: White LED Module

Backs: .063 Aluminum
Trim Cap: 1" Black Trim Cap
Mounting: Flush Mounted

Color Reference:  C-88 M-72 Y-0 K-0 FULL COLOR PRINT

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SIDE VIEW | INSTALLATION DETAIL - LED ILLUMINATED CHANNEL LETTERS / FLUSH MOUNTED -



NOTE: SPECIFIC MATERIAL THICKNESSES FOR THIS SIGN TYPE WILL BE DETERMINED BASED ON MANUFACTURING STANDARDS



SQFT CALCULATION		ELECTRICAL
Wide:	32'-0"	120/277 VOLTS 20 AMPS
High:	2'-11"	
Total SQFT:	93.12	PRIMARY ELECTRICAL CONNECTIONS TO BE MADE BY LICENSED ELECTRICAL CONTRACTORS

DATE	02-27-2026
REVISION	A
PROJECT NAME	Total Medical Supply
ADDRESS	7777 Highway 65 NE in Spring Lake Park, MN
PM	Tanner
DESIGNER	IU

SCALE
P-1/1
COLORS ON PRINT MAY VARY FROM ACTUAL PRODUCT USED

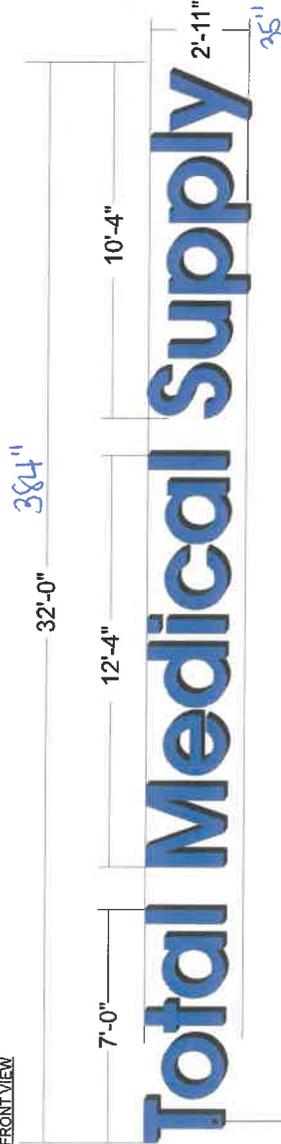
Final result, size of sign & scale may vary slightly.

937

PROPOSED FRONT-LIT CHANNEL LETTERS - FLUSH MOUNTED



FRONT VIEW



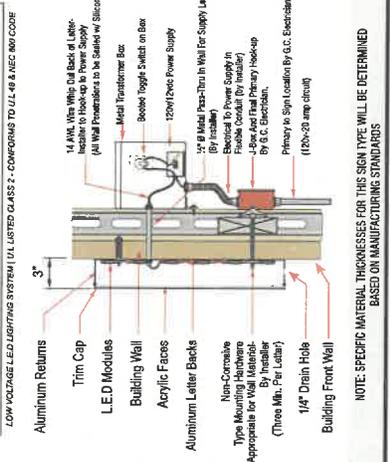
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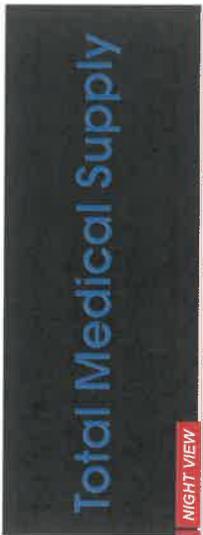
Color Reference: C88 M72 Y10 K0 FULL COLOR PRINT

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SIDE VIEW | INSTALLATION DETAIL
 - LED ILLUMINATED CHANNEL LETTERS / FLUSH MOUNTED -



NOTE: SPECIFIC MATERIAL THICKNESSES FOR THIS SIGN TYPE WILL BE DETERMINED BASED ON MANUFACTURING STANDARDS



NIGHT VIEW

SQFT CALCULATION	ELECTRICAL
Wide: 32'-0"	120/277 VOLTS
High: 2'-11"	20 AMPS
Total SQFT: 93.12	PRIMARY ELECTRICAL CONNECTIONS TO BE MADE BY LICENSED ELECTRICAL CONTRACTORS

SCALE: P-1/1
 COLORS ON PRINT MAY VARY FROM ACTUAL PRODUCT USED

Overlays are for illustrative purposes only. Final result, size of sign & scale may vary slightly.

LED SUPPLY & SIGNS

DATE	02-27-2026
REVISION	A
PROJECT NAME	Total Medical Supply
ADDRESS	7777 Highway 65 NE in Spring Lake Park, MN
PM	Tanner
DESIGNER	IU

Date: 03/06/2026

To Whom It May Concern,

I, **Anan Barbarawi**, am the owner of the property located at **7777 Hwy 65 NE Ste D, Spring Lake Park, MN 55432**. This letter serves as formal approval for my tenant, **Total Medical Supply**, to install signage on the premises for their business.

I authorize **Total Medical Supply** to proceed with the installation of their business sign at this location in accordance with all applicable city codes, regulations, and permitting requirements.

If additional information is needed, please feel free to contact me.

My phone number is: 6518909694

Sincerely,

Anan Barbarawi
Property Owner