



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

Sign Permit  
January 5, 2026

Sign Permit

White Smile

1611 Cty Rd 10 NE



## SIGN PERMIT APPLICATION

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

JOB ADDRESS: 1611 COUNTY ROAD 10 NE (PID#01-30-24-14-0003) White Smile

### APPLICANT INFORMATION:

Name: Kim Feldewerd  
Address: 4133 Iowa Street - Suite 100  
Email: kim.feldewerd@indigosigns.com Phone: 320-391-4946  
☐ New Construction  
☒ Remodel  
☐ Word Change

### CONTRACTORS INFORMATION:

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

Name: Indigo Signs  
Address: 4133 Iowa Street - Suite 100  
Email: kim.feldewerd@indigosigns.com Phone: 320-391-4946  
State License #: SB683135 Expiration Date: 5-21-26

### DESCRIPTION OF WORK TO BE COMPLETED:

Install Qty (2) 3.54' H X 8' W replacement flat ACM panel signs on existing double pole sign.

Install 60" x 108" panel sign on South Side Building

Square Footage of front of Building (Length X Width). 2700 sq ft  
Square Footage of all existing signs (Length X Width): SLP chiro 32 ft Building 32 ft x 2 = 64 sq ft 96 ft total  
Square footage of proposed sign or signs (Length X Width): 45 ft Building, 28 ft x 2 pylon 56 ft

IS AN ELECTRICAL PERMIT REQUIRED? Yes ☐ No ☒

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: Kimberly A. Feldewerd Date: 11/17/25



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763-784-6491  
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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: \$231.25

Receipt Number: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Proposed  
15~~7~~ - \$75 + 5(1.25) = \$81.25  
28~~7~~ x 2 - \$75 x 2 = \$150  
\$231.25

810~~7~~ - 30%  
96~~7~~ - Existing  
101~~7~~ - Proposed  
613~~7~~ - Remaining

# indigo SIGNS

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fargo@indigosigns.com • 701-297-9696

Quote # 12056

Client: White Smiles Family Dentistry

City, State: Spring Lake Park, MN

Project Manager:

Aaron Brom

D: 320 316-1237 • C: 612-607-4267

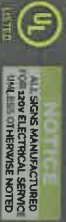
Client Project Specialist:

Drawn by: ID-Kishor

Page Scale: 3/4"=1' - 1:16 SCALE  
Page Size: 11 x 17



Drawing Date: 03/18/2025  
REV1 Date: 03/24/2025  
REV2 Date: 10/08/2025  
REV3 Date: 10/09/2025  
REV4 Date: 10/28/2025



File location: S:\projects\107 White Smiles Family Dentistry  
Working directory: S:\projects\107 White Smiles Family Dentistry  
Project: 107 White Smiles Family Dentistry - Spring Lake Park, MN



45x

## S/F Flat Panel Substrate Sign

Quantity: 1

Panel Size: 60" H x 108" W

Graphics Size: 32" H x 102" W

Single or Double Sided: Single

ACM, Aluminum, Other: ACM

Material Thickness: Standard

Background Color: light European Blue

Copy Color: White

Mounting: Direct screwed to wall



EXISTING SIGN



ART SUPERIMPOSED ON PHOTO

SCALE: 3/8"=1'-0"



# indigo SIGNS

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info@indigosigns.com • 701-237-9696

Quote # 12012

Client: White Smiles Family Dentistry

City/State: Spring Lake Park, MN

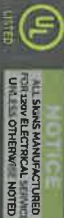
Project Manager:  
Aaron Brom  
D: 320-316-1237 • C: 612-607-4267  
Client Project Specialist:

Drawn by: ID - Kishor

Page Scale: 1"=1' - 1:12 SCALE  
Page Size: 11 x 17



Drawing Date: 03/21/2025  
REV1 Date: 03/24/2025  
REV2 Date: 10/08/2025  
REV3 Date: 11/05/2025  
REV4 Date: 11/06/2025



Indigo Signs, a subsidiary of Indigo Signs & Graphics, Inc. (Indigo Signs), is a professional sign company. Indigo Signs is not responsible for the accuracy of the information provided in this drawing. Indigo Signs is not responsible for the accuracy of the information provided in this drawing. Indigo Signs is not responsible for the accuracy of the information provided in this drawing.



282 x 2 = 56

## Flat Panel Substrate Sign

Quantity: 2  
Panel Size: 42.5" H X 96" W  
Copy Size: 27.50" H X 90" W  
Single Or Double Sided: Single  
Acn, Aluminum, Other: ACM  
Material Thickness: 3MM  
Background Color: Light European Blue  
Copy Color: White

Remove and dispose  
Existing sign

## EXISTING CONDITION



## ART SUPERIMPOSED ON PHOTO

SCALE : NTS



1622 Main Avenue  
Fargo, ND 58103  
701-297-9696  
fargo@indigosigns.com



## LETTER OF AUTHORIZATION TO OBTAIN A SIGN PERMIT

**PURPOSE:** A letter of authorization is required containing the owner's printed name, address, telephone number or email address and the signature of the owner granting permission for the construction, operation, maintenance or displaying of a sign or sign structure. By authorizing this letter, it is the responsibility of the property owner to fully understand that they must be in compliance with the City Ordinances & Building Code.

DATE: 12/15/25

I, Facility Manager and Real Estate Manager, Dustin White  
(Print Name)

do authorize \_\_\_\_\_  
(Contractor/Tenant Information)

to obtain sign permits on my behalf for the Bremer Bank / Old National Bank site conversions awarded to them.

Property Manager/Owner's Signature: [Signature] Date: 12/15/28

Owner's Telephone Number: 218-310-4922

Owner's Email: eric.white@white-smile-dental.com



42.5"

FREE WHITENING

FOR NEW PATIENTS FOR LIFE

WHITE SMILES  
FAMILY DENTISTRY

Spring Lake Park  
**CHIROPRACTIC**  
763-784-1540

Existing



Existing

