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NAME LINE 1
CARL ADVERTISING, LLC

NAME LINE 2

MAILING ADDRESS
PO BOX 82

CITY STATE ZIP
GARRISON MN 56450

TELEPHONE
612-281-0330

E-MAIL ADDRESS

OFFICE USE ONLY

ACCOUNT	DO
PERMIT	C/DIN/S
1/2/3/5	CS
IP/S/U	TH
MILEPOINT	L/R

COMMENT

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NAME
R.R. LANDSCAPING (2)

MAILING ADDRESS
42880 260 TH. LN.

CITY STATE ZIP
AITKIN MN 56431

TELEPHONE
218-839-3371

PROPERTY LOCATION:

US. 169 AITKIN 8A. MUNICIPALITY/TOWNSHIP

7. HIGHWAY 8. COUNTY

9. SIGN MESSAGE: (NONE) AVAILABLE

10. LANDMARKS: MM 243.9
N. OF CT. WITH 430 TH. AV.

11. ADVERTISING AREA (Include border & trim):

12 24 288

HEIGHT WIDTH SQUARE FEET

12. Illuminating Device: Yes No

13. Distance from center of highway to nearest corner of device
75+ Ft.

13A. Right of way at sign site 75' Ft.

14. Approx. Date device will be/was erected

15. Type Device
 SINGLE FACE SIDE BY SIDE "V" TYPE BACK TO BACK OVER UNDER

16. Landowner, Lessee or Agent must submit letter granting use of property or sign item below.

[Signature]
SIGNATURE

10/28/21 Yes, Letter Attached
DATE

17. I, We, the undersigned, hereby declare that all statements herein are true and complete, with the same force and effect as though given under oath, herewith accept the terms and conditions of the regulations of the Commissioner of Transportation and fully agree to comply there with to the satisfaction of the Minnesota Department of Transportation.

SIGNATURE DATE

Submit application with check for proper fee payable to Commissioner of Transportation

ADVERTISING DEVICE PERMIT

Permission is hereby granted for the construction of the device as described in the above application, said device to be in accordance with the regulations as set forth in the Commissioner of Transportation's regulations and the laws of the State of Minnesota. Subject to Local Ordinance.

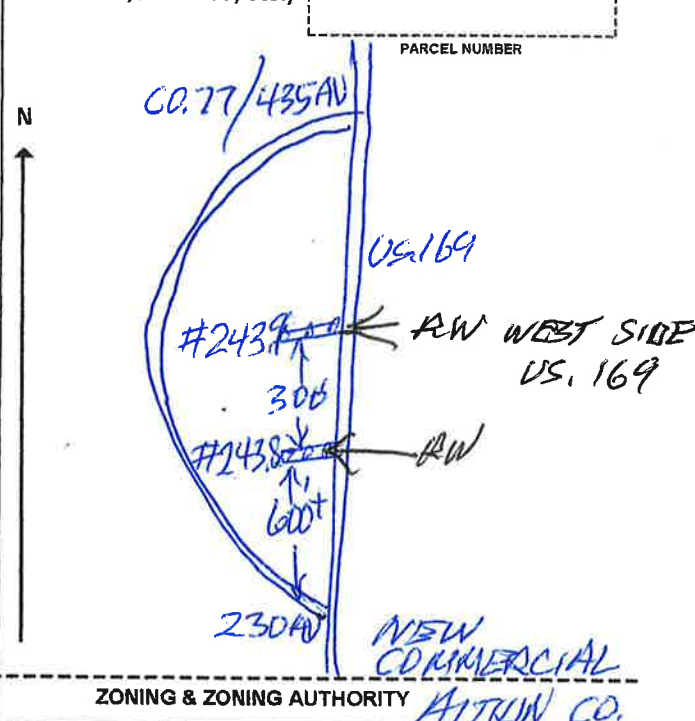
SPECIAL REQUIREMENTS: Device must be erected within 120 days or permit will be voided. Permit number must be affixed to device together with permittee name. It is expressly understood that this permit is conditioned upon maintenance of the device in its original or to a satisfactory condition.

This permit expires on June 30, 20 ____.

Edocs Name: _____

DATE	DISTRICT ENGINEER
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18. LOCATION SKETCH SPACE:
(Submit sketch of property showing proposed device location, land ties, etc.)



Submit legal description of property if required.

Permit No.

0115(169-35-21)

NEG. 7

James W. Kibbey
E. 21 Ac. Gov. Lot 2
Sec. 4-45-27
1.32 Ac.

GOVT. LOT 2

GOVT. LOT 1

0115(169-35-21)

NEG. 8 & 8A

O. Nelson

Gov. Lot 1 Sec. 4-45-27
8 = 0.32 Ac.
8A = 0.67 Ac.

AMENDED WIDTH ORDER NO 11257
FOR S.P. 169:55-27

0115(169-35-21)

NEG. 9

Michael C. Westerhout
W1/2 NW1/4 Sec. 3-45-27
4.66 Ac.

L&OR P.C. 527+24.20
L&OR P.C. 527+24.20

L

STA. 530+00

ROT 541+510
PC 541+510
+90
+50

L

PL. 536+85.0
D. 40+53 RT.
T. 534.0
L. 1022.1

AMENDED ACCESS ORDER NO. 45772

Access Highway

