

APPLICATION FOR SIGN PERMIT - CITY OF WISCONSIN DELLS NO. _____

REC. NO. _____

APPLICATION is hereby made for a PERMIT to erect or reletter a sign in conformity with the Ordinances of the City of WI. Dells, upon the property designated below and in the manner described herein.

Name of Applicant _____

Address of Applicant _____

Owner of Premises (Approval Letter) _____

Address of Legal Description of Premises _____

Zoning of Premises _____

Type of Sign: _____ Wall Sign _____ Free Standing or Ground Sign _____
_____ Projecting Sign

On or Off Premise _____ Other _____

A copy of a sign sketch illustrating the size, shape and message of the proposed sign MUST accompany this application. A site plan drawing showing the positioning of the sign with respect to the highway, buildings and/or other signs, MUST accompany this application.

Dimensions _____ (H) X _____ (W)

_____ Total Square Feet

Single Faced _____ Double _____

Type of Lighting (ELECTRIC PERMIT REQUIRED) _____

Value of Sign _____

Name and Address of Person or Company who will install the sign _____

CERTIFICATE OF APPLICANT: I hereby certify that the above application is a true and correct statement of the work to be done; that any changes therefrom shall, before being made, be submitted for approval, and that the sign shall conform to all City Ordinances and State Codes where such may apply.

DATE _____ 20 _____ Signed: _____

Applicant: Owner-Agent-Contractor

Fee Received \$ _____

Date _____ 20 _____ Signed: _____

Clerk-Treasurer

Subject to compliance by the applicant with all requirements of the City of Wisconsin Dells Sign Ordinance and State Codes and Statutes, permit approval is hereby granted to authorize installation and maintenance of the specific sign described herein at the precise location herein described. The applicant, NINETY (90) DAYS from the date of issuance of the sign permit, is to erect the sign described in this permit. If the erection is not complete within said time, the permit shall become null and void.

PERMIT NUMBER _____ Date of Issuance _____ 20 ____

SIGN NUMBER _____

I.D. TAG NO. _____

I.D. LOCATION _____ Signed _____

Sign Inspector