174 East Wisconsin Avenue
Post Office Box 27
Oconomowoc, WI 53066
For Inspection Call:
(262) 569-2195

PERMIT NO.

TAX KEY #

SIGN PERMIT APPLICATION

PROJECT LOCATION (Building Address)	
PROJECT DESCRIPTION	❑ COMMERCIAL ❑ ONE & TWO FAMILY

Owner's Name	Mailing Address - Include City & Zip	Telephone, Include Area Code
Contractor's Name	Mailing Address - Include City & Zip	Telephone, Include Area Code

SITE _____ 1/4, _____ 1/4, Section _____, T _____ N,R _____ E (or) W

Lot: Average Width	Average Depth	Subdivision Name	Lot No.	Block No.

Zoning District	Total Area	Setbacks N.S.E.W.	Front Ft.	Rear Ft.	Left Ft.	Right Ft.

PROJECT	**TYPE**	**USE**	**SIGN TYPE**	**PRESENT USE OR OCCUPANCY**
❑ New ❑ Repair ❑ Alteration ❑ Raze ❑ Addition ❑ Move ❑ Other _____	❑ Residential ❑ Commercial ❑ Other _____	❑ Seasonal ❑ Permanent ❑ Other _____	❑ Wall ❑ Ground ❑ Projecting ❑ Roof ❑ Pole ❑ Other	

AREA - SIGN FACE	**HEIGHT**	**ILLUMINATED**	**LETTERING**
1st Side _____ Sq. Ft. 2nd Side _____ Sq. Ft. Other _____ Sq. Ft. Total _____ Sq. Ft.	_____	❑ Internally ❑ Externally **ESTIMATED COST** Total $_____	Size _____ Color _____ Canopy _____

SHORELAND/FLOODLAND	**COLORS**
Shore setback _____ feet from sign to ordinary high water mark. Floodplain setback _____ feet from sign to 100 year floodplain.	

LANDSCAPING

TYPE OF MATERIAL	**EXISTING SIGN**
❑ Wood ❑ Metal ❑ Other _____ ❑ Plastic ❑ Canvas Support: Post/Pylon _____ Color _____ Base: Post/Pylon _____ Color _____	Sign 1 Size: Width _____ Height _____ Setback _____ Offset _____ Sign 2 Size: Width _____ Height _____ Setback _____ Offset _____

FEES

Minimum Permit Fee . . . . . $50 .00/sign

Reinspection Fee $25.00
Failure to call for inspection $25.00
DOUBLE FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency, or Inspector; and certifies that all of the above information is accurate.

SIGNATURE OF APPLICANT _____ **DATE** _____

CONDITIONS OF APPROVAL **ZONING APPROVAL:** **DATE:**

This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have permit / Application number and address when **requesting an inspection. Call (262) 569-2195. Give at least 24 hours notice. Note: Must receive zoning approval and shall conform to approval of Architectural Board.**

FEES:	**RECEIPT**	**PERMIT EXPIRATION:**	**PERMIT ISSUED BY MUNICIPAL AGENT:**
Inspection Fee _____ **NO REFUNDS ON PERMITS**	Ck # _____ Date _____ From _____ Rec. By _____	**Permit Expires 90 Days** _____	Name _____ Date _____ Certification No. _____

White - Municipal File • Yellow - Inspector's Office • Pink - Clerk/Assessor • Gold - Receipt