

W240 N3065 Pewaukee Road Phone – 262-691-9107 Fax – 262-691-1798	<b>SIGN PERMIT APPLICATION</b> <b>City of Pewaukee</b>	PERMIT #  Parcel #
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<b>Sign Location Address:</b>		Suite No.
Owner's Name:	Mailing Address	Tel.
		FAX#
Tenant's Name:	Mailing Address	Tel.
		FAX#
Sign Company Name:	Mailing Address	Tel.
		FAX#
<b>SIGN SQUARE FOOTAGE</b>	<b>SIGN HEIGHT</b>	<b>DATE SIGN TO BE ERECTED</b>
		<b>ESTIMATED COST</b>

**TYPE OF SIGN**

Ground Sign     
  Roof Sign     
  Temporary Sign     
  Marquee     
  Wall Sign     
  Street Clock  
 Projecting Sign     
  Awning or Canopy     
  Illuminated     
  Non-Illuminated

**DISTANCE TO LOT LINES**     
 \_\_\_\_\_ FRONT     
 \_\_\_\_\_ RIGHT     
 \_\_\_\_\_ LEFT     
 \_\_\_\_\_ REAR

If repairs or replacement contemplated, is sign, etc., non-conforming?   
 YES   
 NO

**Conditions of Approval:** \_\_\_\_\_  
 \_\_\_\_\_

**NAME OF SURETY BOND OR INSURANCE COMPANY ON CERTIFICATE OF ISSUANCE**  
 (attach bond or certificate with hold harmless clause to the City on this application)

\_\_\_\_\_

**Submit The Following**

**SITE SURVEY (must detail location and setbacks to lot lines) & COLOR RENDERING REQUIRED WITH APPLICATION**

<b>APPLICANT SIGNATURE</b> _____  <b>APPLICANT PRINT NAME</b> _____	<b>DATE:</b> _____
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Application is hereby made for a permit to erect / alter a sign as described herein or shown in accompanying plans or specifications where sign is to be located as shown on the accompanying plan. The information which follows and the accompanying plan and specifications with the representations contained therein are made part of this application in reliance upon which the building inspector is requested to issue a building permit.

It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this application such as would operate to cause a refusal of this application or any material alteration or change in the accompanying plans, specifications or structure made subsequent to the issuance of a permit in accordance without the written approval of the building inspector shall constitute sufficient grounds for the revocation of such permit.

OFFICE USE ONLY		
<b>PERMIT FEES:</b>	<b>TEMPORARY SIGN EXPIRATION DATE:</b>	<b>PERMIT APPROVED BY:</b>
Area X \$2.00/sq ft = \$ _____  + BASE                \$50.00  TOTAL FEE =        \$ _____ (Max \$500.00 unless Double Fee Applied)	<b>Expiration Date</b> _____  <b>FAILURE TO OBTAIN PERMIT, FEES DOUBLE</b> <b>Double Fee Total</b> \$ _____	Staff: _____ Date: _____  Tel: _____ Cert No. _____