

# Application Packet For Sign Permit Application

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*Town of Delton, Sauk County, WI*

**30 Wisconsin Dells Parkway South, Marshall Memorial Hall  
PO Box 148, Lake Delton, WI 53940**

<b>Included in this Packet:</b>	<b>Page</b>
• Summary of Application Process and Submittal Checklist	2-3
• Agreement for Reimbursable Services	4
• Application for Sign Permit	5-7
• Statement of Understanding	8

**Town Clerk-Treasurer: Deborah Kowalke**  
clerk@townofdeltonwi.gov  
Phone: (608) 253-4621

The purpose of this document is to provide guidance in applying for Comprehensive Plan Amendment in the Town of Delton. The documents contained in this packet will help guide individuals or organizations as they plan and prepare submittal documents, providing for increased efficiency and a streamlined approval process.

## Summary of Application Process

1. Contact the Town Clerk to obtain a Sign Permit Application in electronic form - [clerk@townofdeltonwi.gov](mailto:clerk@townofdeltonwi.gov)
2. Fill out all forms in the packet completely and draft a letter stating your intentions. The Applicant shall submit **1 copy** of all documentation, **assembled in packet form** to the Town Clerk. The mailing address is provided at the top of the page. Forms can also be emailed to the Town Clerk (*the Town Clerk will forward the information on to the proper Town Representatives for review*).

### EACH PACKET SHALL CONTAIN THE FOLLOWING:

- ☐ Completed Application for Sign Permit
- ☐ Completed Reimbursable Services Agreement
- ☐ Completed Statement of Understanding Form
- ☐ Vicinity Map  
Show the property location in relation to major and minor roads and relevant facilities in the proposed sign area.
- ☐ Pictures (Existing if Applicable, Proposed Renderings, etc.)
- ☐ \$75 Application Fee Payable to "Town of Delton"

The Applicant shall submit all documentation a minimum of 21 days prior to the meeting of the Town Board at which action is desired. If the submittal packet is found to be incomplete, it will not be eligible for Town action. Any Town action on the submitted request requires full documentation in accordance with this checklist, and the review/recommendation by the Town Engineer/Zoning Administrator.

3. The Town Engineer/Zoning Administrator, and any other applicable consultant(s) shall review all of the submitted documents and make a recommendation to the Town Board to either approve or reject the sign permit based on the best interest of the residents of the Town of Delton as a whole.
4. The Town Board, by majority vote, will either approve, conditionally approve, or reject the sign permit. Please plan to attend the Town Board meeting.

## ASSOCIATED FEES

**Application Fee:** \$75, submitted at the time of application.

**Review Fees:** The applicant shall pay a fee equal to the Town's actual cost incurred as a result of the review by any Town Representative. The fee shall be paid prior to permit issuance.

## TOWN ENGINEER/ZONING ADMINISTRATOR INFORMATION

**Town Engineer and Zoning Administrator:**

Roth Professional Solutions  
315 DeWitt Street  
Portage, WI 53901

Robert J. Roth, P.E.  
Phone: (608) 571-3205  
Email: [robert@rothprofessionalsolutions.com](mailto:robert@rothprofessionalsolutions.com)

## Agreement For Reimbursable Services

In the Sign Permit Request  
Town of Delton, Sauk County, WI

The cost of application review for all sign permits shall be borne by the Applicant. The Applicant shall pay all reasonable Town of Delton incurred expenses relating to a particular sign. This may include meeting charges, professional consultants, or other relevant Town expenses incurred in connection to the sign request. The Town reserves the right to apply the charges for these services as well as for staff time expended in the administration, investigation and processing of applications to the Applicant.

The Applicant is required to provide the Town with an executed copy of this agreement as a prerequisite to the processing of the sign permit application. The submittal of a completed application shall be construed as an agreement to pay for such professional review services applicable to the proposal. Review fees which are applied to an Applicant, but which are not paid within 30 days of the issuance of a bill by the Town will accrue interest at a rate of 1.5% compounded monthly until the outstanding fee is paid.

\_\_\_\_\_ agrees to reimburse the Town of Delton for all  
(Print Applicant Name)  
review costs by the Town Engineer/Zoning Administrator in connection with the sign request and, further, agrees to reimburse the Town for other administrative staff review if, in the judgment of the Town Board, such reimbursement is warranted.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

## Sign Permit Application

### 1. Sign Information

Sign Information			
Duration:  <input type="checkbox"/> Permanent  <input type="checkbox"/> Temporary		Site Location:  <input type="checkbox"/> On-Premise  <input type="checkbox"/> Off-Premise	
Sign Address:		City:	State: Zip Code:
Lot:	Block:	Parcel:	Zoning:
Street to which the sign is oriented:			
Street frontage available for parcel (ft.):			

### 2. Applicant, Landowner, Contractor, and Electrician Information:

APPLICANT INFORMATION			
Applicant(s):			
Agent:			
Mailing Address:	City:	State:	Zip Code:
Email:	Phone (Days):	Phone (Cell):	
Primary Contact Person - (If Different than Applicant):			
Mailing Address:	City:	State:	Zip Code:
Email:	Phone (Days):	Phone (Cell):	
Name of Business/Activity with which sign is associated:			
Address of Sign:			
Landowner Information (If Different than Applicant)			
Landowner:			
Mailing Address:	City:	State:	Zip Code:
Email:	Phone (Days):	Phone (Cell):	
Contractor/Installer Information			
Landowner:			

Mailing Address:	City:	State:	Zip Code:
Email:	Phone (Days):	Phone (Cell):	
License No.:			
<b>Electrician</b> (If electrical work is included in this Permit)			
Landowner:			
Mailing Address:	City:	State:	Zip Code:
Email:	Phone (Days):	Phone (Cell):	
License No.:			

### 3. Existing and Proposed Sign Information

Existing Sign Data											
ID or #	Type of Sign	Sign Dimensions (Ft.)	Sign Area (Sq. Ft.)	Facing Single or Double	Sign Height (ft.)	Approx. Date of Install	Illumination				Cost (\$)
							None	Internal (Describe)	External (Describe)	Other (Describe)	
	Free Standing										
	Ground Sign										
	Wall										
	Projecting										
	Unified/Common										
	Earned Value Management System (EVMS)										
	Canopy/Awning										
	Directional										
	Other (Banner, Window, etc.)										
Proposed Sign Data											
ID or #	Type of Sign	Sign Dimensions (Ft.)	Sign Area (Sq. Ft.)	Facing Single or Double	Sign Height (ft.)	Approx. Date of Install	Illumination				Cost (\$)
							None	Internal (Describe)	External (Describe)	Other (Describe)	

Notes:

## 4. List Attachments:

EACH PACKET SHALL CONTAIN THE FOLLOWING:	
<input type="checkbox"/>	Site Plan(s)
<input type="checkbox"/>	Stamped Structural Calculations
<input type="checkbox"/>	Sign Illustrations
<input type="checkbox"/>	Lease Documents, if requested by Town
<input type="checkbox"/>	Pictures
<input type="checkbox"/>	Vicinity Map <ul style="list-style-type: none"> <li>○ Show the property location in relation to major and minor roads and relevant facilities in the proposed sign area.</li> </ul>
<input type="checkbox"/>	Landscaping Plan(s)
<input type="checkbox"/>	Reimbursable Services Agreement
<input type="checkbox"/>	Other:

## 5. Temporary Sign Information

Sign Information	
Is the sign located in the right-of-way or on private property?  <input type="checkbox"/> <b>Right-of-Way</b> <input type="checkbox"/> <b>Private Property</b>	Site Location:  <input type="checkbox"/> <b>On-Premise</b> <input type="checkbox"/> <b>Off-Premise</b>
Sign Type or Message:	
Size (sq. ft.)	Height (ft.)
Time of Display (e.g. June 1-August 31)	Recurrence (e.g. yearly)

## Statement of Understanding

By signing below, I, \_\_\_\_\_, certify that the information contained in this  
(Print Applicant Name)  
application is true and accurate to the best of my knowledge, and understand that a deliberate misrepresentation of information may be grounds for denial or reversal of this application, and/or revocation of any approval already awarded based on this application.

I also authorize Town of Delton staff permission to view and enter the subject property for the purpose of reviewing and investigating this request.

I understand that submittal of this application and payment of the proper fees does not mean that approval of this Sign Permit Application is imminent or guaranteed.

I understand that approval of this application does not qualify as, nor replace the necessity for proper permitting for the proposed project.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title