

# SIGN PERMIT APPLICATION

VILLAGE OF NEWBURG

620 W MAIN STREET | PO BOX 50 | NEWBURG, WI 53060 PHONE:

262-675-2160 | FAX 262-675-2287



☐ Base Fee: \$50.00 + \$10 per square foot

**INSTRUCTIONS TO APPLICANT:** Fill in completely. A scale drawing of such sign indicating the dimensions, materials to be used, type of illumination, if any, method of construction, and location/position of such sign in relation to nearby buildings or structures must be submitted with this application. Where applicable, copies of other permits required and issued for said sign must be submitted with this application.

| BUSINESS INFORMATION                                                                                                                                                                                                                                                                                                                                        |  |                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------|--|
| BUSINESS NAME                                                                                                                                                                                                                                                                                                                                               |  |                                                                |  |
| BUSINESS ADDRESS                                                                                                                                                                                                                                                                                                                                            |  |                                                                |  |
| BUSINESS PHONE NUMBER                                                                                                                                                                                                                                                                                                                                       |  | BUSINESS E-MAIL ADDRESS                                        |  |
| APPLICANT NAME                                                                                                                                                                                                                                                                                                                                              |  | APPLICANT E-MAIL                                               |  |
| APPLICANT ADDRESS                                                                                                                                                                                                                                                                                                                                           |  | APPLICANT PHONE                                                |  |
| SIGN LOCATION (ADDRESS & LOCATION OF SIGN ON PROPERTY OR BUILDING)                                                                                                                                                                                                                                                                                          |  |                                                                |  |
| SIGN LOCATION ZONING DISTRICT                                                                                                                                                                                                                                                                                                                               |  |                                                                |  |
| <input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> B-1 <input type="checkbox"/> B-2 <input type="checkbox"/> C-1 <input type="checkbox"/> C-2 <input type="checkbox"/> M-1 <input type="checkbox"/> M-2 <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 |  |                                                                |  |
| <input type="checkbox"/> R D -1 <input type="checkbox"/> RM-1 <input type="checkbox"/> MH <input type="checkbox"/> SW <input type="checkbox"/> GFP <input type="checkbox"/> FF <input type="checkbox"/> FW <input type="checkbox"/> PUD                                                                                                                     |  |                                                                |  |
| SIGN TYPE (Check all that apply)                                                                                                                                                                                                                                                                                                                            |  |                                                                |  |
| <input type="checkbox"/> TEMPORARY <input type="checkbox"/> REAL ESTATE DEVT. <input type="checkbox"/> MARQUEE <input type="checkbox"/> FREESTANDING                                                                                                                                                                                                        |  |                                                                |  |
| <input type="checkbox"/> PERMANENT <input type="checkbox"/> DEVELOPMENT <input type="checkbox"/> AWNING <input type="checkbox"/> WINDOW                                                                                                                                                                                                                     |  |                                                                |  |
| <input type="checkbox"/> SINGLE SIDED <input type="checkbox"/> WALL <input type="checkbox"/> CANOPY <input type="checkbox"/> ILLUMINATED-INTERIOR                                                                                                                                                                                                           |  |                                                                |  |
| <input type="checkbox"/> DOUBLE SIDED <input type="checkbox"/> PROJECTING <input type="checkbox"/> MONUMENT <input type="checkbox"/> ILLUMINATED-EXTERIOR                                                                                                                                                                                                   |  |                                                                |  |
| <input type="checkbox"/> OTHER (Explain)                                                                                                                                                                                                                                                                                                                    |  |                                                                |  |
| IF TEMPORARY, LIST DISPLAY DATES (Maximum 90-days/30-day increments): _____                                                                                                                                                                                                                                                                                 |  |                                                                |  |
| SIGN INFORMATION: Width: _____ Height: _____ = Sq. Ft.: _____ x 1 or 2 Sides = Total Sq. Ft.: _____                                                                                                                                                                                                                                                         |  |                                                                |  |
| SIGNATURE(S)                                                                                                                                                                                                                                                                                                                                                |  |                                                                |  |
| SIGNATURE(S)                                                                                                                                                                                                                                                                                                                                                |  | DATE                                                           |  |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                             |  |                                                                |  |
| DATE RECEIVED                                                                                                                                                                                                                                                                                                                                               |  | RECEIPT#                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                             |  | PERMIT#                                                        |  |
| ZONING ADMINISTRATOR RECOMMENDATION                                                                                                                                                                                                                                                                                                                         |  |                                                                |  |
| <input type="checkbox"/> APPROVE <input type="checkbox"/> REQUIRES PLAN COMMISSION APPROVAL                                                                                                                                                                                                                                                                 |  |                                                                |  |
| REASONS FOR REQUIRING PLAN COMMISSION APPROVAL, IF APPLICABLE                                                                                                                                                                                                                                                                                               |  |                                                                |  |
| ZONING ADMINISTRATOR REVIEWED BY:                                                                                                                                                                                                                                                                                                                           |  | APPLICANT NOTIFIED ON:                                         |  |
| TO PLAN COMMISSION ON:                                                                                                                                                                                                                                                                                                                                      |  | PLAN COMMISSION RECOMMENDATION:                                |  |
|                                                                                                                                                                                                                                                                                                                                                             |  | <input type="checkbox"/> APPROVE <input type="checkbox"/> DENY |  |