____SIGN____
(Application)

Tax Key: _____
*****PLEASE PRINT**

VILLAGE OF HALES CORNERS
5635 S. New Berlin Road
Hales Corners, WI 53130
P:414-529-6161/F:414-529-6179
www.halescorners.org

Permit No. _____

Building Address:	**Business Name:**
Contractor :	Tenant Contact:
Address/City/State/Zip	Phone No.
Email	Email
Phone No.	Property Owner Name/Phone:

ZONING: _____
NUMBER & TYPE OF EXISTING SIGNS IF ANY: _____

SIGN IS: □ Temporary -14 days ($30) **DATES: _____**

Proposed Square Footage of Signage (cannot exceed 35 square feet in area): _____

Type of Material (submit scale colored drawing/photo): _____

Location of Signage (Building or Site): _____

□ Permanent ($1.50 per sq. ft. of area NOTE: Round SF up to next whole number -$60 minimum)
$ _____

Proposed Square Footage of Signage: _____

Type of Material (submit scale colored drawing/photo): _____

Location of Signage (Building or Site): _____

Number of existing Signs: _____ Total Square Footage: _____

Type of Sign (circle): Monument / Building / Pylon / Other: _____

Height to top of sign: _____ Height to lower edge of sign: _____

Is the sign illuminated (circle): YES / NO ------***If so, Electrical permit is required.***

It is hereby agreed between the undersigned and the Village of Hales Corners that all work performed as herein described shall be completed in strict compliance with the Village of Hales Corners Municipal Code and all laws of the State of Wisconsin relating to such work. Furthermore, by signing this application, or by authorizing an agent to sign this application, the owner/tenant acknowledges that an inspection or inspections of the work herein described are required and consents to the entry onto the subject property by an employee of the Village of Hales Corners to perform all necessary inspections. Said inspection(s) shall only be made at reasonable times and by appointment or notice. **Complete all areas on application.**

Applicant's Signature: _____ Date:_____

Property Owner Signature (**Required if different from Applicant**):_____ Date:_____

FOR OFFICE USE ONLY **Approved By:_____ Date: _____**
Issued By: _____ Date: _____

Rev 04/2019