

City of Wisconsin Dells

Sign Permit Application

Property Address: _			Zoning District:			
Applicant Information	on:					
Name:	Phone:					
Address:	Email					
Property Owner Inf	ormation:					
Name:	Phone:					
Address:		Email:				
Sign Information:						
Proposed number of	new signs:		Total square	footage of each	new sign:	
Sign Type:						
What is the approxir	nate cost of project	: \$				
Name of Company D	esigning/Installing :	Sign:				
4) Attach 1 sign p 5) Letter of Permi Certification by App I hereby certify that true and correct. I w	the above informati ill notify the City if a e sign and work des	being inst f Property ion, includ any chang	talled. y. ding any info ges or modifi	cations are made	thed forms or drawings, is e related to this application. icable City Ordinances and	
Applicant Cignoture			Date Print Name			
Applicant Signature					Date	
City Staff						
		City	Staff Use O	nly		
Parcel #	Zoning District		Date Approved			
Permit #	Fee \$					
			TAG Location:			
Design Review Comr	_			-		
U Utilities	□Taxes	∟ Court	∟ IA/R	Parking	□ Other	