

Parcel # _____

Permit # _____

Sign Permit Application-Town of Winneconne

Owners name _____ Phone _____

Project address _____

Contractors name _____ Phone _____

Contractors address _____ Fax #: _____

Type of occupancy _____ Square foot of Project _____

Project description _____ Job Costs \$ _____

Conditions of approval _____

- Road clean up is the responsibility of the owner/contractor on the same day.
- All work to meet the State Codes or re-inspection fees will be charged for improper installations.
- **The owner/contractor is responsible for making arrangements for the final inspection.**

Owner/Contractor _____ License # _____ Date _____

Inspector _____ Date _____

Please make checks payable to: Town of Winneconne

**Please send required information to: Tom Spierowski
8348 County Rd. T, Larson, WI 54947**

If you have any questions, please call Tom Spierowski at: 920-428-3361

ALL APPLICATIONS MUST BE RECEIVED A MINIMUM OF 21 DAYS PRIOR TO THE PLAN COMMISSION MEETINGS WHICH ARE HELD ON THE FIRST WEDNESDAY OF EACH MONTH

Total Fees _____