

SIGN PERMIT APPLICATION

TOWN OF BRUSSELS, DOOR COUNTY, WI

PO Box 22, Brussels, WI 54204

P: 920-495-3201, Email: zoning.townofbrussels@gmail.com

OWNER OF SIGN

Name: _____ Mailing Address, City, State, Zip: _____

Phone #: _____ Email: _____

OWNER OF PROPERTY (IF DIFFERENT THAN SIGN OWNER)

Name: _____ Mailing Address, City, State, Zip: _____

Phone #: _____ Email: _____

LOCATION OF SIGN

Fire #: _____ Road: _____

Parcel #: _____

DESCRIPTION OF SIGN

☐ Free-Standing

☐ Projecting

TYPE OF SIGN

☐ Directional Sign

☐ On-premise Sign

☐ Election Campaign Sign (over 4sqft on nonresidential property)

☐ Off-premise Sign

DIMENSIONS OF SIGN

Width _____ Height _____

SITE PLAN

Attach a scale drawing showing the following:

_____ Distance to abutting public road or right-of-way

_____ Distance to other existing structure

_____ Distance to private road

_____ Distance to other adjacent free-standing or projecting signs

_____ Distance to navigable water

FEE

Make a check payable to the Town of Brussels in the amount of \$_____

AUTHORIZATION FOR INSPECTION:

I hereby authorize the Zoning Administrator(s) to enter and remain in or on the premises for which this application is made at any reasonable time for all purposes of inspection relative to this petition.

SIGNATURE OF APPLICANT/AGENT: _____ DATE: _____

Permit approved by: _____

Permit denied by: _____ Reason: _____

Date: _____ Fee: \$_____ Permit#: _____ Expiration Date: _____