



Village of Sister Bay  
2383 MAPLE DRIVE • SISTER BAY, WI 54234  
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THIS AREA FOR OFFICE USE ONLY	
Account No.	Permit Issued Date
Fee Amount Paid:	Receipt #:

## Sign Permit Application

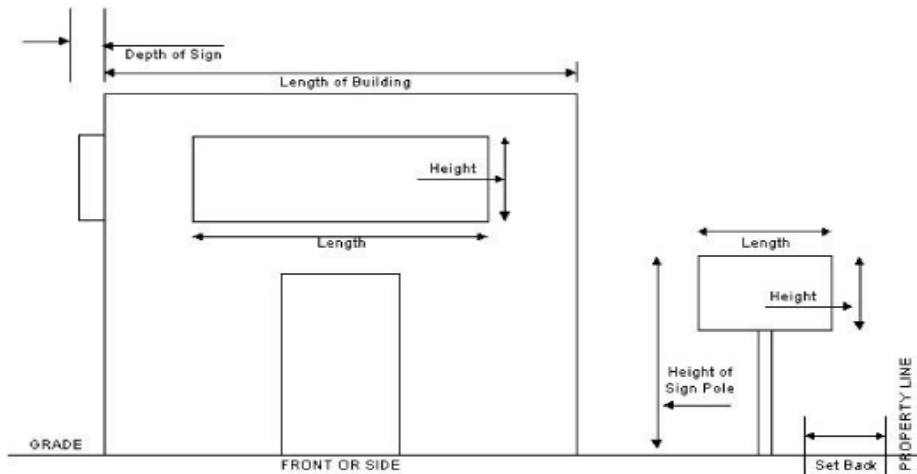
NAMES & MAILING ADDRESSES		PROPERTY DESCRIPTION	
Applicant (If different from property owner)		Parcel Identification Number (PIN) <b>181-</b>	
Street Address		Subdivision or CSM (Volume/Page/Lot)	
City • State • Zip Code • Phone Number		Address Of Property ( <b>DO NOT</b> Include City/State/ZipCode)	
Property Owner (If different from applicant)	Signature of Owner		
Street Address		<b>Width (in feet) of the front of the building facing the street:</b>	
City • State • ZipCode			
Sign Contractor (Agent)		<b>CURRENT PROPERTY USE</b>	
Street Address		<input type="checkbox"/> Non-commercial <input type="checkbox"/> Multi-occupant commercial	
		<input type="checkbox"/> Single occupant commercial <input type="checkbox"/> Other commercial	
City • State • Zip Code • Phone Number		<input type="checkbox"/> Other _____	
<b>PROPOSED SIGN</b>			
<b>Type of Sign Construction</b> (Please check/complete <b>ALL</b> that apply below) <input type="checkbox"/> Ground <input type="checkbox"/> Wall <input type="checkbox"/> Directory <input type="checkbox"/> Window <input type="checkbox"/> Projecting <input type="checkbox"/> Temporary _____ <input type="checkbox"/> Other _____ Size of window (square feet) _____ Total square footage of all signs on property _____ Building height where sign is to be placed _____		<b>Sign Details</b> Sign Size: _____ by _____ Total Square Feet _____ Number of Sides _____ Height (Sign Peak) _____ Height to bottom of sign _____ Distance from building _____ Distance from front lot line/ROW _____ Distance from side lot line _____ Illumination: _____	
<p align="center"><b>Please complete the sign design on the attached sheet.</b></p> <p><input type="checkbox"/> I agree to mark or stake out the location of the proposed sign on the site.</p>			
<b>CERTIFICATE</b>			
I, the undersigned, hereby apply for a Sign Permit and certify that all the information both above and attached is true and correct to the best of my knowledge. I affirm that all work performed will be done in accordance with the Sister Bay Zoning Code and with all other applicable laws and regulations. I hereby authorize the Zoning Administrator to enter the above-described property for purposes of obtaining information pertinent to my application request and to conduct zoning code inspections.			
Signature _____		Date _____	
Daytime Contact Number ( _____ ) _____ - _____ Email address _____			

# SIGN DRAWING

## INSTRUCTIONS

In the space below draw to scale your proposed sign. Be sure to indicate the color and size of the letters and the color of any sign background. Describe the materials used in the construction of the sign. Describe the location of any illumination. Identify the **Pantone color** number of any color used on the sign. Locate and identify any landscaping.

Sign Scale



## APPROVALS

AREA BELOW THIS LINE FOR OFFICE USE ONLY

Zoning District

\_\_\_\_\_

☐ APPROVED

☐ DENIED

Zoning Administrator / Date

\_\_\_\_\_