



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)	CURRENT PROPERTY USE
Street Address	<input type="checkbox"/> Non-commercial <input type="checkbox"/> Multi-occupant commercial <input type="checkbox"/> Single occupant commercial <input type="checkbox"/> Other commercial <input type="checkbox"/> Other _____ _____
City • State • Zip Code • Phone Number	

### PROPOSED SIGN

#### Type of Sign Construction

(Please check/complete **ALL** that apply below)

- Ground       Wall               Directory  
 Window       Projecting       Temporary \_\_\_\_\_  
 Other \_\_\_\_\_  
 \_\_\_\_\_

Size of window (square feet) \_\_\_\_\_  
 Total square footage of all signs on property \_\_\_\_\_  
 Building height where sign is to be placed \_\_\_\_\_

#### Sign Details

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: \_\_\_\_\_

**Please complete the sign design on the attached sheet.**

- I agree to mark or stake out the location of the proposed sign on the site.

### CERTIFICATE

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 \_\_\_\_\_

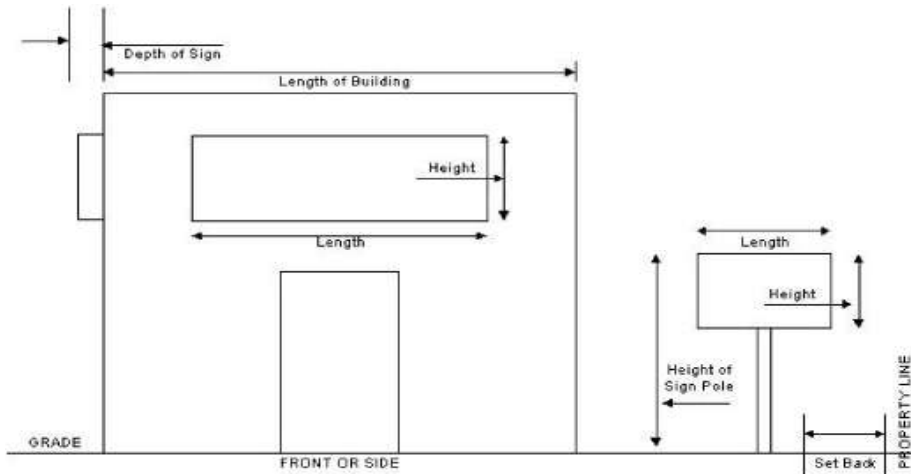
Daytime Contact Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email address \_\_\_\_\_

# 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 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  _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Zoning Administrator / Date  _____
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