

TOWN OF BARTON

APPLICATION FOR SIGN PERMIT

APPLICANT _____ OWNER _____

APPLICANT MAILING ADDRESS _____

TELEPHONE _____ DATE _____

THE ABOVE PARTIES HEREBY APPLY FOR A SIGN PERMIT HEREIN DESCRIBED, AND HEREBY AGREE THAT THE PROPOSED SIGN WILL BE IN ACCORDANCE WITH ALL APPLICABLE LAWS OF THE STATE OF WISCONSIN AND THE ORDINANCES OF THE TOWN OF BARTON AS THEY RELATE TO THE FOLLOWING DESCRIBED PREMISES:

ADDRESS OR LEGAL DESCRIPTION: _____

TAX KEY NUMBER: _____ ZONING DISTRICT: _____

AREA OF SIGN: _____ SQ. FT. HEIGHT: _____ FT. TYPE: _____

ITEMS THAT MUST ACCOMPANY THIS APPLICATION (SEPARATE 8 1/2 X 11 SHEETS):

WRITTEN CONSENT FROM OWNER _____ SCALED LOCATION DRAWING _____

SCALED DRAWING OF SIGN _____ INFORMATION TO BE DISPLAYED _____ FEE _____

THE SIGN PERMIT IS ISSUED SUBJECT TO:

1. ANY FEDERAL, STATE, LOCAL LAWS AND/OR DEED RESTRICTIONS.
2. EACH APPLICANT IS RESPONSIBLE FOR KNOWLEDGE OF THE TOWN OF BARTON SIGN ORDINANCE. COPIES OF THE TEXT OF THIS ORDINANCE IS AVAILABLE FOR SALE OR INSPECTION UPON REQUEST. ANY STATEMENT MADE, SITE PLAN SUBMITTED, ASSURANCE GIVEN OR IMPLIED OR PERMIT ERRONEOUSLY ISSUED CONTRARY TO THIS ORDINANCE IS NULL AND VOID.

THE UNDERSIGNED HEREBY ATTESTS THAT ALL INFORMATION SUBMITTED IN THE APPLICATION FOR A SIGN PERMIT IS TRUE AND CORRECT AND THAT ANY MISREPRESENTATION WILL RESULT IN PENALTIES AS ALLOWED BY LAW.

APPLICANT: _____ OWNER: _____

FOR OFFICE USE ONLY:

SIGN APPROVED: _____ ON-SITE INSPECTION: _____ PERMIT NO. _____