

SIGN PERMIT APPLICATION

VILLAGE OF KEWASKUM
 204 FIRST STREET | PO BOX 38 | KEWASKUM, WI 53040
 PHONE: 262-626-8484 | FAX 262-626-4909



Fee: \$50.00

INSTRUCTIONS TO APPLICANT: Fill in completely. A scale drawing of such sign indicating the dimensions, materials to be used, type of illumination, if any, method of construction and location/position of such sign in relation to nearby buildings or structures must be submitted with this application. Where applicable, copies of other permits required and issued for said sign must be submitted with this application.

BUSINESS INFORMATION		
BUSINESS NAME		
BUSINESS ADDRESS		
BUSINESS PHONE NUMBER	BUSINESS E-MAIL ADDRESS	
APPLICANT NAME	APPLICANT EMAIL	
APPLICANT ADDRESS	APPLICANT PHONE	
SIGN LOCATION		
SIGN LOCATION ZONING DISTRICT <input type="checkbox"/> A-1 <input type="checkbox"/> RS-1 <input type="checkbox"/> RS-2 <input type="checkbox"/> RD-1 <input type="checkbox"/> RM-1 <input type="checkbox"/> B-1 <input type="checkbox"/> B-2 <input type="checkbox"/> B-3 <input type="checkbox"/> B-4 <input type="checkbox"/> M-1 <input type="checkbox"/> M-2 <input type="checkbox"/> M-3 <input type="checkbox"/> I-1		
SIGN TYPE (Check all the apply)		
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> REAL ESTATE DEVT.	<input type="checkbox"/> MARQUEE
<input type="checkbox"/> PERMANENT	<input type="checkbox"/> DEVELOPMENT	<input type="checkbox"/> AWNING
<input type="checkbox"/> SINGLE SIDED	<input type="checkbox"/> WALL	<input type="checkbox"/> CANOPY
<input type="checkbox"/> DOUBLE SIDED	<input type="checkbox"/> PROJECTING	<input type="checkbox"/> MONUMENT
<input type="checkbox"/> FREESTANDING	<input type="checkbox"/> WINDOW	
<input type="checkbox"/> ILLUMINATED-INTERIOR		
<input type="checkbox"/> ILLUMINATED-EXTERIOR		
<input type="checkbox"/> OTHER (Explain)		
IF TEMPORARY, LIST DISPLAY DATES (Maximum 90-days/30-day increments): _____		
SIGN INFORMATION: Width: _____ Height: _____ = Sq. Ft.: _____ x 1 or 2 Sides = Total Sq. Ft.: _____		
SIGNATURE(S)		
SIGNATURE(S)	DATE	
OFFICE USE ONLY		
DATE RECEIVED	RECEIPT #	PERMIT #
ZONING ADMINISTRATOR RECOMMENDATION		
<input type="checkbox"/> APPROVE <input type="checkbox"/> REQUIRES PLAN COMMISSION APPROVAL		
REASONS FOR REQUIRING PLAN COMMISSION APPROVAL, IF APPLICABLE		
ZONING ADMINISTRATOR REVIEWED BY:	APPLICANT NOTIFIED ON:	
TO PLAN COMMISSION ON:	PLAN COMMISSION RECOMMENDATION: <input type="checkbox"/> APPROVE <input type="checkbox"/> DENY	