

Community Development Department

444 West Grand Avenue Wisconsin Rapids, WI 54495-2780 Ph: (715) 421-8228 • Fax: (715) 421-8291

Sign Permit Application

For Office Use Only										
Date:	Zoning:		Perr	Permit Fee: Permit #:						
		_			1					
Please fill out one sign application for each sign.										
Property Information:										
Address of Sign Location	Parcel #: 34-									
Development Name:										
OWNER INFORMATION:										
Owner Name:										
Address, City, State, and Zip:										
Phone Number: Fax Number:										
CONTRACTOR INFORMATI	on:									
General Contractor Nam	e:									
Address:										
City, State Zip:										
Phone Number: Fax Number:										
PERMANENT SIGN INFORM										
☐ Wall Heig	ht ft	_ in.	Width -	ft	in. Squ	iare Feet ————				
Freestanding Face	Height f	in. t in.	Face W	/idth ft. __	in. Squ	iare Feet				
	Total Sign Height: ft in. (<i>Total sign height is from grade to the top of the structure</i>)									
Setb	acks: Front	 ftin. / Sic	deft	in. / Sid	leftin. / Re	earftin.	,			
Illuminated (Interna	l or External) –	- If illuminated,	a separ	ate electrical	permit must be ob	otained.				
Proposed Installation Da	te: (/	/)	Sign M	essage:						
Number of Faces:		Sign Cost: \$			Longest Street Wi	dth:	Feet			
Total Area of All Signs Currently on Building/Property: Square Feet										
Permit Fee: \$50.00 per sign.										
		ve/variance re	auest.							
\$150.00 for sign alternative/variance request.										

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TEMPORARY SIGN INFORMATION:												
	ace He	ight	_ ft	in.	Face \	Width _	ft	_ in.	Squar	e Feet 		
Sign Message:												
Dates of Duration: (/	/) to (/	/) ма	ıximum	of 15 Days Po	er Event,	Maximu	m of 4 Even	ts Per Ye	ear
Number of Faces:		Sign Co	st: \$_				Longest S	treet V	Vidth:			Feet
Total Area of All Signs Currently on Building/Property: Square Feet												
Setback from property lines	Front	ft	_ in.	Side	ft	in.	Side	ft	_ in.	Rear	ft	in.
Permit Fee: \$15.00												
PLAN SUBMITTAL REQUIREMENTS												
Submit one set of plans that includes the following information:												
Diagram with sign dimensions												
Description of construction materials												
Site plan including distance from public right-of-ways and adjacent property lines (wall signs excluded)												
A photograph or rendering of the location for the proposed sign												
Please Note: Failure to provide a complete application, including the information listed above, may result in a delay in												
the application process, or den	ial of t	he perm	it req	uest.								
The applicant hereby agrees to comply with all laws and regulations of the City of Wisconsin Rapids and the State of												
Wisconsin. The applicant further agrees in consideration of the issuance of the permit to hold the City of Wisconsin												
harmless for any injury or damage caused by reason of the erection or maintenance of the sign or signboard. The permit											permit	
as applied for shall be granted subject to revocation when any law or regulation of the City of Wisconsin Rapids or the												
State of Wisconsin is violated o the public health, safety, aesthe		•				_	signboard	creates	s a haza	rd or is a	detrim	ent to
the public health, salety, aesth	etics, o	i genera	i weii	are or t	ne publi	C.						
Applicant Signature:								D	ate:			
For Office Use Only												
VARIANCE INFORMATION:												
Variance: Yes/No					Varia	nce Da	te:					
Variance Details:												
Other Comments:												
_												
Approved by :								D	ate:			