

Call 608-868-6914 for Inspection



# OFF-PREMISE SIGN PERMIT APPLICATION AND RECORD

Effective May 9, 2013

Receipt # \_\_\_\_\_

Check # \_\_\_\_\_

Date \_\_\_\_\_, 20\_\_\_\_

Location \_\_\_\_\_ on \_\_\_\_\_ Subdivision \_\_\_\_\_  
(House # or Lot #) (Street)

Owner \_\_\_\_\_ Owner Address \_\_\_\_\_ Phone # \_\_\_\_\_  
(Name)

Occupancy \_\_\_\_\_ Ownership: Private \_\_\_ Public \_\_\_ Architect \_\_\_\_\_  
(Residential/Commercial, etc)

Contractor \_\_\_\_\_  
(Name, Address, Phone)

Estimated Cost of Work Complete \$ \_\_\_\_\_

The undersigned hereby agrees that all work shall be done in accordance with this application, all ordinances of the City of Milton and all laws and orders of the State of Wisconsin. If applicable, plot, building plans, erosion plans, off street parking plans and specifications of the above described work must accompany this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Address

\_\_\_\_\_  
Applicant's Phone Number

\_\_\_\_\_  
Applicant's Email Address

Property is Zoned: \_\_\_\_\_

Sign Set-Back: Front (Address Side) \_\_\_\_\_  
Rear \_\_\_\_\_  
Side \_\_\_\_\_  
Side \_\_\_\_\_

Sign Square Footage: (L) \_\_\_\_\_ x (W) \_\_\_\_\_ = \_\_\_\_\_ sf

New \_\_\_\_\_ Alteration \_\_\_\_\_ Moving \_\_\_\_\_

Sign Permit Fee \$100.00 Each

Total Fee \_\_\_\_\_

Approved On \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Building Inspector