Call (262) 544-8280 or
1-800-422-5220
INDEPENDENT
INSPECTIONS, LTD.

UNIFORM SIGN PERMIT APPLICATION

PERMIT NO.

TAX KEY #

ISSUING MUNICIPALITY

☐ TOWN ☐ VILLAGE ☐ CITY

OF _____

PROJECT LOCATION (Building Address)

PROJECT DESCRIPTION

☐ COMMERCIAL ☐ RESIDENTIAL

Owner's Name | Mailing Address | Telephone - Include Area Code

Contractor's Name | Mailing Address | Telephone - Include Area Code

SITE

_____ 1/4, _____ 1/4, SECTION _____, T _____ N, R _____ E(or)W

Lot: Average Width Average Depth | Subdivision Name | Lot No. | Block No.

Zoning District | Total Area | Setbacks N.S.E.W. | Front Ft. | Rear Ft. | Left Ft. | Right Ft.

1. PROJECT

☐ New ☐ Repair
☐ Alteration ☐ Raze
☐ Addition ☐ Move
☐ Other _____

3. TYPE

☐ Residential
☐ Commercial
☐ Other _____

4. USE

☐ Seasonal
☐ Permanent
☐ Other _____

7. SIGN TYPE

☐ Wall ☐ Ground
☐ Projecting ☐ Roof
☐ Pole ☐ Other

10. PRESENT USE OR OCCUPANCY

2. AREA - SIGN FACE

1st Side _____ Sq. Ft.

2nd Side _____ Sq. Ft.

Other _____ Sq. Ft.

TOTAL _____ Sq. Ft.

5. HEIGHT

8. ILLUMINATED

☐ Internally
☐ Externally

9. ESTIMATED COST

TOTAL $ _____

EXISTING SIGNS

Total Sq. Ft. _____

6. SHORELAND/FLOODLAND

Shore setback _____ feet from sign to ordinary high water mark.

Floodplain setback _____ feet from sign to 100 year floodplain.

TYPE OF MATERIAL

☐ Wood ☐ Metal ☐ Other
☐ Plastic ☐ Canvas _____

EXISTING SIGN

Sign 1 Size: Width _____ Height _____
Setback _____ Offset _____

Sign 2 Size: Width _____ Height _____
Setback _____ Offset _____

INSPECTIONS NEEDED

☐ Final

PLAT OF SURVEY INCLUDING THE FOLLOWING INFORMATION:

1) Location and dimensions of Lot. 2) Location and dimensions of all existing and proposed buildings on the Lot. 3) Location, centerline and grade of all abutting streets. 4) Floor elevation of propsed new buildings. 5) High water line of any water body which Lot abutts. 6) Location of any existing or proposed wells, septic systems, public sewer or water mains on the Lot. 7) Location of any proposal and existing signs.

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate.

SIGNATURE OF APPLICANT _____ **DATE** _____

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have Permit/Application number and address when requesting inspections. Call (262) 544-8280 or 1-800-422-5220. Give at least 24 hours notice. _____

_____

_____

FEES:

Plan Review Fee _____
Inspection Fee _____
Administration Fee _____
Other _____ _____
_____ _____
Total _____

PERMIT(S) REQUIRED

☐ Construction _____
☐ HVAC _____
☐ Electrical _____
☐ Plumbing _____
☐ Other _____
_____

PERMIT EXPIRATION:

Permit expires two years from date issued unless otherwise noted below:

_____

RECEIPT

CK# _____
Date _____
From _____
_____
Rec By. _____

PERMIT ISSUED BY MUNICIPAL AGENT:

Name _____

Date _____

Certification No. _____

White - Municipal Files Yellow - IIL Office Pink - Clerk/Assessor Gold - Applicant

WISIGN04/03