

235 Hickory Street, Pewaukee Phone: (262) 691-5660 Fax: (262) 691-5664	SIGN PERMIT APPLICATION Village of Pewaukee	Permit#
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Sign Location Address:	Parcel#
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Owner Name:	Email Address:	Telephone#

Mailing Address:	Cell#

Tenant Name:	Email Address:	Telephone#

Mailing Address:	Cell#

Sign Company Name:	Email Address:	Telephone#

Mailing Address:	Cell#

TYPE OF SIGN	
<input type="checkbox"/> Freestanding Ground <input type="checkbox"/> Projecting <input type="checkbox"/> Wall <input type="checkbox"/> Awning or Canopy <input type="checkbox"/> Marquee <input type="checkbox"/> Other _____	
Illuminated / Non-Illuminated: _____	Brief Description of Sign: _____
Temporary: Yes / No	
DISTANCE FROM SIGN TO LOT LINES: _____ FRONT _____ REAR _____ RIGHT _____ LEFT	
If repairs or replacement contemplated, is the current sign, etc., non-conforming? <input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME OF SURETY BOND OR INSURANCE COMPANY ON CERTIFICATE OF ISSUANCE (attach bond or certificate with hold harmless clause to the Village on this application)	
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DATE SIGN TO BE ERECTED	SIGN SQUARE FOOTAGE	SIGN HEIGHT (<i>above grade</i>)	ESTIMATED COST

Application is hereby made for a permit to erect / alter a sign as described herein or shown in accompanying plans or specifications where sign is to be located as shown on the accompanying plan. The information which follows and the accompanying plan and specifications with the representations contained herein are made part of this application in reliance upon which the building inspector is requested to issue a building permit.

It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this application such as would operate to cause a refusal of this application or any material alteration or changed in the accompanying plans, specifications or structure made subsequent to the issuance of a permit in accordance without the written approval of the building inspector shall constitute sufficient grounds for the revocation of such permit.

SIGNATURE OF APPLICANT	PRINTED NAME OF APPLICANT	DATE

PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:	
<input type="checkbox"/> SITE SURVEY (must detail location and setbacks to lot lines)	
<input type="checkbox"/> COLOR RENDERING	
<input type="checkbox"/> SURETY BOND OR INSURANCE COMPANY ON CERTIFICATE OF ISSUANCE	
<input type="checkbox"/> (IF APPLICANT IS A TENANT) NOTARIZED DOCUMENT FROM PROPERTY OWNER AUTHORIZING PROPOSED USE OF PROPERTY	

APPROVAL CONDITIONS	This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. See attached for conditions of approval
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OFFICE USE ONLY	DATE RECEIVED:	STAFF INITIALS:
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(AREA x \$2.50/sq ft) \$ _____ + \$50.00 (BASE FEE) = \$ _____ DATE PAID _____ RECEIPT# _____

FAILURE TO OBTAIN PERMIT WILL RESULT IN THE TOTAL FEES DOUBLING **TEMPORARY SIGN EXPIRATION DATE:** _____

PERMIT APPROVED/DENIED BY: _____ **DATE:** _____