



SIGN PERMIT APPLICATION

Application for:

- Sign Construction (New Sign)
- Sign Enlargement
- Sign Replacement or Re-face

Type of Sign(s):

- | | | |
|--|--|--|
| <u>Freestanding:</u> | <u>Wall Mounted:</u> | <u>Other:</u> |
| <input type="checkbox"/> Pole / pylon | <input type="checkbox"/> Facade | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Ground / Monument | <input type="checkbox"/> Projecting | <input type="checkbox"/> Electronic / Animated |
| | <input type="checkbox"/> Awning / Canopy | <input type="checkbox"/> Billboard/Off-premise |

Sign Specifications:

Height (of sign face):	Width (of sign face):	Total Square Feet (of sign face):
Height (of total structure): <input type="checkbox"/> N/A (if ground/monument)	Width (of total structure): <input type="checkbox"/> N/A (if ground/monument)	Number of Display Sides:
Setback Information: <input type="checkbox"/> N/A <input type="checkbox"/> Front Yard: _____ <input type="checkbox"/> Rear Yard: _____ <input type="checkbox"/> Side Yard: _____	Additional Information: Will sign be illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ Does sign front a Federal Aid Primary Highway*? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*HWY 35, HWY 53, HWY 157, State Road 16, Interstate 90</small> Explain: _____ Is sign on a corner lot? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you have any questions, please contact the City Planning / Zoning Department at 608-781-9590.

Any person, firm or corporation engaged in the business of constructing, repairing, maintaining or relocating any sign shall maintain in effect, at all times, a policy of liability insurance with limits of \$300,000 bodily injury and \$1 million aggregate and \$100,000 property damage. Proof of insurance shall be presented to the Department of Inspection before the sign permit is granted.

Additional Information Regarding Sign:**Conditions of Approval:**

N/A

- 1)
- 2)
- 3)

Conditionally Approved By: _____

Date Conditionally Approved: _____



APPLICANT INFORMATION

Property Address:
Parcel Number: 18-
Zoning District:

Applicant:
Contact:
Mailing Address:
City, State, Zip:
Phone Number:
Email: <input type="checkbox"/> Primary Contact

Business:
Owner/Contact:
Mailing Address:
City, State, Zip:
Phone Number:
Email: <input type="checkbox"/> Primary Contact

Property Owner:
Contact:
Mailing Address:
City, State, Zip:
Phone Number:
Email: <input type="checkbox"/> Primary Contact

The undersigned hereby makes application at the location stated herein. Ther undersigned agrees that all work shall be done in accordance with the requiremments of the Onalaska Zoning Ordinance and with all other applicable City Ordinances and the laws and regulations of the State of Wisconsin.

Signature of Applicant:	Date:
Signature of Property Owner:	Date:

The following checklist will ensure the timely processing of your sign permit:

- ➔ **Site Sketch / Map** (including:):
 - Property Lines & Dimensions
 - Location of all Right-of-Way lines
 - Location of Proposed Sign(s)
 - Existing Signage
 - Building Dimensions (for proposed wall signs)
 - Location of all Buildings & Setbacks from Property Lines
- ➔ **Sketch or Photo of Proposed Sign** (including:):
 - Dimensions of Sign(s)
 - Sign Design & Colors / Message
 - Type of Illumination / Lighting Details
 - Sign Materials & Type of Support System
- ➔ **Permit Fee** (Payable to the City of Onalaska)
 - Minimum \$20.00 dollars (if under 35 square feet) **OR**
 - \$0.60 cents / square foot (if over 35 square feet)

Display Area: _____ square feet
Total Fee: \$ _____

OFFICE USE ONLY:	Date Submitted:	Permit Number:
Permit Fee:	<input type="checkbox"/> Cash <input type="checkbox"/> Check #	Application Received by:
<input type="checkbox"/> Minimum \$20.00 (if under 35 SF)		Date Permit/s Issued:
<input type="checkbox"/> \$0.60/SF	Display Area: SF	Sign Inspection Date: Sign Inspected by:
Total Fee: \$		Notes: