



SIGN PERMIT APPLICATION

City of Waupaca, Wisconsin

I, the undersigned, hereby apply for a permit to erect a sign or signs as herein described, and as shown on the attached sheet, and hereby agree that all work shall be done in accordance with all the laws of the State of Wisconsin and all ordinances of the City of Waupaca.

APPLICANT

Name _____
Address _____
Phone _____
E-mail _____
Fax _____
Signature x _____

PROPERTY OWNER

Name _____
Address _____
Phone _____
E-mail _____
Fax _____
Signature x _____

SIGN LOCATION

Parcel Number: _____ Zoning District: _____
Estimated Cost: _____
Business Name: _____
Address: _____

INSTALLATION

Sign Installer: _____
Electrician (if applicable): _____

Sign Type <small>Monument, Projecting, Wall, Directional, Temporary, or Lens Replacement</small>	Height	Width	Construction Type	Total Square Footage
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PERMIT CHECKLIST

- Current survey or dimensioned sketch illustrating location of ground or monument signage. The proposed setback of any ground or monument sign shall be at least equivalent to the height of the proposed sign.
- Dimensioned color drawing of all proposed signage.
- All wall sign applications shall include a dimensioned color drawing of the corresponding building elevation and aggregate wall area. This information is required to evaluate whether the proposed sign complies with the applicable signage codes.
- All projecting sign applications shall include a dimensioned color drawing with signage size and location specified. This information is required to evaluate whether the proposed sign complies with the applicable signage codes.
- All sign permit(s) shall include location and dimensions of all existing similar type of signage.
- Underwriter’s Laboratory Number (UL Number) to be provided subsequent to approval, but prior to installation.
- Certificate of Liability Insurance specifying City of Waupaca as policy holder (required for projecting signage extending over public right-of-way)

FOR CITY STAFF USE ONLY ▼

PERMIT CONDITIONS:

SIGN PERMIT FEES:

New Sign (\$150)

QTY ___ \$ _____

Alteration (\$100)

QTY ___ \$ _____

Temporary Sign (\$50)

QTY ___ \$ _____

APPROVAL

Date Received _____

Staff Name _____

Date Approved _____

Signature x _____

Receipt # _____