TOWN OF DELAFIELD
SIGN PERMIT
APPLICATION

Permit No.

Tax Key #

Project Location (Building Address)

Project Description

☐ Commercial  ☐ Residential

Owner’s Name (Print)  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  ☐ Residential  ☐ Seasonal  ☐ Wall
☐ Alteration  ☐ Raze  ☐ Commercial  ☐ Permanent  ☐ Ground
☐ Addition  ☐ Move  ☐ Other  ☐ Other  ☐ Projecting  ☐ Roof
☐ Other

☐ Other

2. AREA – SIGN FENCE

1st Side ______________ Sq. Ft.  Internally

2nd Side ______________ Sq. Ft.  Externally

Other ______________ Sq. Ft.

Total ______________ Sq. Ft.

3. TYPE

4. USE

5. HEIGHT

☐Internally

☐Externally

9. ESTIMATED COST

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

EXISTING SIGN

INSTRUCTIONS NEEDED

☐Wood  ☐ Metal  ☐ Plastic  ☐ Other

☐Canvas

Sign 1  Size: Width __________ Height __________

Setback __________ Offset __________

☐Final

Sign 2  Size: Width __________ Height __________

Setback __________ Offset __________

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 proposed new buildings.  5) High water line of any water body which Lot abuts.  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.

FEES:  PERMIT EXPIRATION:  RECEIPT:  PERMIT ISSUED BY MUNICIPAL AGENT:

Plan Review Fee  __________  Permit expires one year from date issued unless municipal ordinance is more restrictive.  CK # __________  Name __________

Inspection Fee  __________  Amt. __________  Date __________

Administration Fee  __________  Date __________

Other  __________  From __________

Total  __________  Rec By __________

Distribution:  ☐ Owner  ☐ Zoning Administrator  ☐ Building Inspector  ☐ Assessor