



SIGN PERMIT APPLICATION

OWNER'S INFORMATION

Name _____
Address _____
Stratford, Wisconsin 54484
Phone _____
Alternate Phone _____

ARCHITECT

Name _____
Address _____
City _____
State _____ Zip _____
Phone _____

SIGN CONTRACTOR

Name _____
Address _____
City _____
State _____ Zip _____
Phone _____

SUBCONTRACTOR - ELECTRICAL

Name _____
Address _____
City _____
State _____ Zip _____
Phone _____

NUMBER OF SIGNS _____ TYPE OF CONSTRUCTION _____

SETBACKS: Front _____ Rear _____ Right Side _____ Left Side _____

SIZE OF SIGN _____ = _____ square feet

PERMITTED PERIOD OF TIME _____ FIRE ZONE _____

TYPE OF SIGN *(check all that apply)*

- | | |
|-------------------------------|-----------------------------------|
| _____ Awning | _____ Directly Illuminated Sign |
| _____ Billboard | _____ Indirectly Illuminated Sign |
| _____ Directory Sign | _____ Identification Sign |
| _____ Flashing Sign | _____ Electronic Message Unit |
| _____ Ground and/or Pole Sign | _____ Marquee Sign / Wall / Roof |

CLASS OF WORK

- | | | |
|------------------------|-------------------|-----------------------|
| _____ New Construction | _____ Replacement | _____ Variance |
| _____ Addition | _____ Alteration | _____ Conditional Use |
| _____ Repair | _____ Temporary | |

CONTACT DIGGER'S HOTLINE
Dial 811 or 1-800-242-8511

SKETCH / SITE PLAN: Attach or use the reverse to provide
a sketch/site plan including dimensions, material, wiring,
illumination, height above grade, distance from lot line, etc.

APPLICANT'S SIGNATURE _____ DATE _____

APPROVED BY _____, Zoning Administrator

DATE _____ PERMIT FEE \$ _____ PERMIT # _____