

| TOWN OF DELAFIELD SIGN PERMIT APPLICATION | | | Permit No. |
|---|---|---|---|
| | | | Tax Key # |
| Project Location (Building Address) | | | |
| Project Description | | <input type="checkbox"/> Commercial <input type="checkbox"/> 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 | 3. TYPE | 4. USE | 7. SIGN TYPE |
| <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other _____ | <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____ | <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____ | <input type="checkbox"/> Wall <input type="checkbox"/> Ground <input type="checkbox"/> Projecting <input type="checkbox"/> Roof <input type="checkbox"/> Free Standing <input type="checkbox"/> Other |
| 10. PRESENT USE OR OCCUPANCY | 2. AREA – SIGN FENCE | 5. HEIGHT | 8. ILLUMINATED |
| 1 st Side _____ Sq. Ft. | 2 nd Side _____ Sq. Ft. | Other _____ Sq. Ft. | Total _____ Sq. Ft. |
| Total _____ Sq. Ft. | <input type="checkbox"/> Internally <input type="checkbox"/> Externally | 9. ESTIMATED COST | EXISTING SIGNS |
| TOTAL \$ _____ | 6. SHORELAND/FLOODLAND | Total Sq. Ft. _____ | |
| | Shore setback _____ feet from sign to ordinary high water mark. | Floodplain setback _____ feet from sign to 100 year floodplain. | |
| TYPE OF MATERIAL | EXISTING SIGN | INSPECTIONS NEEDED | |
| <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other <input type="checkbox"/> Plastic <input type="checkbox"/> Canvas _____ | Sign 1 Size: Width _____ Height _____ Setback _____ Offset _____ | <input type="checkbox"/> 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 abutts. 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 _____ | From _____ |
| Other _____ | | Rec By _____ | Date _____ |
| Total _____ | | | |

Distribution: Owner Zoning Administrator Building Inspector Assessor