DISCOVER COLUMBUS

Sign Permit Application

105 N. Dickason Boulevard
Columbus, WI 53925
www.cityofcolumbuswi.com
Phone: 920-623-5900
Fax: 920-623-5901

Permit No.: _____
Fee: $_____
Date: _____

This document consists of three (3) pages.

1. Duration:

☐ Permanent

☐ Temporary (See 14)

2. Site Location:

Address: _____

Lot: _____ Block: _____ Parcel: _____

Zoning: _____

3. Applicant Information:

Name: _____ Contact Phone: _____

Address: _____ Cell Phone: _____

Owner, if not Applicant: _____ Phone: _____

Address of Owner: _____ Cell Phone: _____

Name of Business/Activity with which sign is associated: _____

Address of Sign: _____

4. Contractor/Installer Information:

Name: _____

Address: _____ Contact Phone: _____

License No.: _____ Cell Phone: _____

If electrical work is included in this Permit:

Electrical Contractor Name: _____

Address: _____ Contact Phone: _____

License No.: _____ Cell Phone: _____

5. E-Mail Information for Contact Parties:

_____

_____

Permanent Sign Information

6. Existing Sign Data :

ID or #	Type of Sign	Sign Dimensions (Ft.)	Sign Area (Sq. Ft.)	Facing Single or Double	Sign Height (Ft)	Location On Site	Illumination				Cost ($)
							None	Internal (Describe)	External (Describe)	Other (Describe)	
	Free Standing										
	Ground Sign										
	Wall										
	Projecting										
	Marquee										
	Window										
	Canopy										
	Awning										
	Other (Banner, Directional, etc)										

7. Proposed Sign Data:

8. Notes _____

9. Is this application for an off-premises sign? ☐Yes ☐No
Off-premises signs are not allowed except for specific directional.

10. Is this application for a unified business center sign? ☐Yes ☐No
If yes, see Section 114-136(2)(h) and 114-136(1)(a)(6) and contact the City Clerk for more information.

11. Street to which the sign is oriented: _____

12. Street frontage available for parcel (ft): _____

13. List Attachments: Eg. Site Plan(s), Stamped Structural Calculations, Sign Illustrations, etc.

14. If this Property is in the Columbus Downtown Historic District, A Certificate of Appropriate shall Accompany this Application.

Temporary Sign Information

15. **Location of Temporary Sign:** _____

16. **Is Sign located in the right-of-way or on private property?** _____

17. **Sign type or message:** _____

_____

18. **Size (sq. ft.):** _____

19. **Height (ft.):** _____

20. **Time of Display:** _____ **to** _____

21. **Re-Occurrence:** _____

TO BE READ BY THE APPLICANT:

The applicant certifies that all information provided in this application is true and accurate. Any information that the applicant has set forth in this application that is false or misleading may result in the rejection of this application or revocation of the sign permit. I hereby declare and affirm that all matters and facts set forth in this sign permit application are true and correct to the best of my knowledge, information and belief.

_____ _____

Owner's Signature Date Print Name

(If applicant is other than property owner, authorized agent must complete section below)

AUTHORIZED AGENT AFFIDAVIT:

I am duly authorized to complete this permit application on behalf of: _____

(Print property owner's name)

_____

Authorized Agent Signature Date (Print Authorized Agent Name)

City of Columbus Sign Code information may be obtained at City Hall or via the following web address (Under Zoning):

http://municode.com/resources/gateway.asp?pid=12534&sid=49

Questions regarding specific sign code regulations or overlay district parameters may be directed to the **City of Columbus Building Inspector: (608) 742-2169**