



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)	
	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 **10. Is this application for a unified business center sign?** Yes No
Off-premises signs are not allowed except for specific directional. 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