

 <p>DISCOVER COLUMBUS</p>	<h2>Sign Permit Application</h2> <p>105 N. Dickason Boulevard Columbus, WI 53925     <a href="http://www.cityofcolumbuswi.com">www.cityofcolumbuswi.com</a></p> <p>Phone: 920-623-5900     Fax: 920-623-5901</p>	<p>Permit No.: _____ Fee: \$ _____ Date: _____</p> <p>This document consists of three (3) pages.</p>
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**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