

APPLICATION FOR SIGN PERMIT

TYPE OF SIGN BEING APPLIED FOR: **FREE-STANDING** **WALL SUPPORTED** **WINDOW**

| | | | | |
|---|-------------------------------|-----------------------------|------------------------------------|------------------|
| OWNER'S NAME | | ADDRESS | | TELEPHONE |
| TENANT'S NAME | | ADDRESS | | TELEPHONE |
| CONTRACTOR'S NAME | | ADDRESS | | TELEPHONE |
| PROJECT LOCATION | | | | TENANT SUITE NO. |
| FRONT SETBACK | SIDE OFFSET | HEIGHT OF SIGN | ILLUMINATION TYPE AND CANDLE POWER | |
| TENANT'S BUILDING FRONTAGE (X 0.8 =) | | ALLOWABLE SIGN DISPLAY AREA | PROPOSED SIGN DISPLAY AREA | |
| ELECTRICAL CONTRACTOR'S NAME AND LICENSE NUMBER | | | PROJECT COST | |
| ARCHITECTURAL CNTRL APPROVAL DATE | PLAN COMMISSION APPROVAL DATE | | BOARD OF APPEALS APPROVAL DATE | |
| PLANS AND DRAWINGS PREPARED BY | | | SIGN DISPLAY | |
| | | | 1 SIDE | 2 SIDES |
| | | | OTHER | |

NOTICE: This application must be submitted along with **two scaled drawings** of the proposed sign clearly indicating all colors used, **one sectional drawing** of the sign indicating the type and amount of illumination to be used, and **one photograph** or drawing of the existing building elevation and/or of the existing free-standing sign which is to be altered.

The Applicant agrees to comply with applicable requirements of the Wisconsin Administrative Code as administered by the Safety & Buildings Division of the Department of Commerce and the General Code of the Town of Brookfield.

The Applicant certifies that all of the information herein submitted is accurate and that a permit granted shall create no legal liability, express or implied, on the Department of Building Inspection and Zoning Administration of the Town of Brookfield.

THE APPLICANT HEREBY SWEARS THAT HE/SHE HAS READ AND UNDERSTANDS THE TOWN OF BROOKFIELD SIGN ORDINANCE. THE APPLICANT UNDERSTANDS THAT FAILURE TO **READ AND SIGN THE STATEMENT ON THE BACK** OF THIS APPLICATION IS GROUNDS FOR DENIAL OF PERMIT BY THE ARCHITECTURAL CONTROL COMMITTEE.

Signature of Applicant:

Application Date:

FOR DEPARTMENTAL USE ONLY

| | | |
|-------------------------|------------------------|----------------|
| CONDITIONS OF APPROVAL: | | |
| | | |
| | | |
| TAX KEY NUMBER | ASSIGNED PERMIT NUMBER | PERMIT DATE |
| PERMIT FEE | PERMIT RECEIPT NUMBER | CONTROL NUMBER |