

819 SUPERIOR AVE TOMAH, WI 54660 PHONE: 608-374-7429 SROLFF@TOMAHWI.GOV

## **APPLICATION FOR SIGN PERMIT**

PROJECT ADDRESS / LOCATION OF PROPOSED SIGN:	
DESCRIPTION OF PROPOSED SIGN INST.	ALLATION:
☐ Ground ☐ Wall ☐ Window ☐ Electr	ronic Messaging   Off Premise (Billboard)
Applicant's Name:	Phone Number:
Applicant's Mailing Address:	
Applicant's Email Address:	
Contractor Name:	Phone Number:
Contractor Address:	
Contractor Email Address:	
Attach to this application:	
☐ Complete drawing of the proposed sign	n
☐ Location on the premises	
☐ Distance from lot lines	
☐ Dimensions for ALL proposed s	igns
☐ Building frontages for wall signs	only
☐ Project address falls within the Downto	own Core or Transitional Area in the Design District. See
Downtown Design Map to verify, if yes, D	owntown Design Standards Application is needed also.
☐ Reviewed Sign Ordinance 52-150 Price	or to Submitting Permit
City	place a sign, on the described premises, to comply with y Ordinance # 52-150. Permit fee of \$40.00.
	(Signature of Applicant)
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(This section for office use only)	PERMIT: <b>Granted / Denied</b>
Shane Rolff, Building Inspector	Date