

City of Oconto Falls

500 N Chestnut Street, Oconto Falls, WI 54154

Phone: (920) 846-4505

Fax: (920) 846-4516

SIGN PERMIT

A separate application is required for each proposed sign.

Site Address: _____

Permit No.: _____

Occupancy: _____

Parcel No.: _____

Single - Tenant Multi - Tenant

Receipt No.: _____

Business Name: _____

Permit Fee: _____

Date Issued: _____

Office Information

Site Plan No.: _____

Zoning District: _____

Master Signage Plan No.: _____

Other: _____

BOA Variance Dated: _____

Other: _____

Type of Sign

- | | | |
|--|--|---|
| <input type="checkbox"/> Ground Sign | <input type="checkbox"/> Awning Sign | <input type="checkbox"/> Changing Sign |
| <input type="checkbox"/> Wall Mounted Sign | <input type="checkbox"/> Temporary Sign
<small>(sandwich, etc.)</small> | <input type="checkbox"/> Animated Billboard |
| <input type="checkbox"/> Projecting Sign | <input type="checkbox"/> Canopy Sign | <input type="checkbox"/> Building Facade Sign |
| <input type="checkbox"/> Window Sign | <input type="checkbox"/> Portable Sign | <input type="checkbox"/> Other _____ |

Dimensions/Other Information of Sign

Width of Sign: _____

Height of Sign: _____

Height Above Normal Grade: _____

Under clearance: _____

Projection into R-O-W: _____

Distance to Side Lot Line (5' min): _____

Setback from R-O-W: _____

Setback from Driveway: _____

Sign Contractor: _____

Material: _____

Estimated Cost: _____

Other: _____

Electrical Information of Sign

Illumination: External Fluorescent Neon LED
 Internal None Incandescent Electronic Other _____

UL Design No.: _____ Electrical Contractor: _____

Applicant hereby agrees to comply with all laws and regulations of the State of Wisconsin and of the Ordinances of the municipality. Applicant further agrees in consideration of the issuance of the permit to save the municipality harmless for any injury or damage caused by reason of the erection or maintenance of the sign or signboard. If any sign erected pursuant to the permit occupies public street right-of-way, it is subject to all of the provisions of Wis. State, 60.045, but without charge or bond. This permit as applied for is granted subject to revocation when any law or regulation of the State of Wisconsin or the Ordinance of the municipality is violated or when inspection reveals that the sign or signboard creates a hazard.

Name of Applicant: _____ Phone: _____

Address: _____

REASONABLE ACCOMMODATIONS FOR PERSONS WITH
DISABILITIES WILL BE MADE UPON REQUEST AND IF FEASIBLE

white - office

City of Oconto Falls

yellow - applicant