



Town of Sheboygan

4020 Technology Parkway

Sheboygan, WI 53083

Phone (920) 451-2320

Fax (920) 451-2323

APPLICATION FOR SIGN PERMIT

Date _____ Permit # _____

Phone _____ Email _____

Location of Structure _____

Owner _____

Owner's Address _____

Applicant Name (If different than owner) _____

A site plan showing placement of signs and sizes must be attached.

Note: IF SIGN IS LIT AN ELECTRICAL PERMIT IS ALSO REQUIRED!

Description of work to be done _____

Contractor _____ Address _____

Contractor's License Certification No. _____ Phone _____

Total Cost of work being done \$ _____

Administration Fee.....	\$ 75.00
\$10.00 per \$1,000.00	\$ _____
(\$85 MINIMUM PERMIT FEE) Total Permit Charge	\$ _____

The undersigned hereby applies for a permit to do the work above described, and hereby agrees that such work will be done in accordance with the descriptions herein set forth in this statement; and it is further agreed to construct, alter, repair and install in strict compliance with the Building Ordinance and other Ordinances of the Town of Sheboygan and the State Building Code of Wisconsin and to obey any and all lawful orders of the inspector of buildings of the Town of Sheboygan. The privilege as granted above is granted only on the condition that by the acceptance of the privilege, the said undersigned, shall become primarily responsible and liable for any and all damage to persons or property caused by and arising from the grant and exercise of such privilege.

Signature _____ Date _____

This permit expires six (6) months from date of issuance.