



VILLAGE OF EAST TROY
2015 Energy Drive
East Troy, WI 53120

Sign Inspections
call (262) 352-4433
fax (262) 642-6259

PERMIT NO.
TAX KEY #
Attached with Building Permit #

SIGN Permit Application

PROJECT ADDRESS:

PROJECT DESCRIPTION:

☐ Commercial

☐ One and Two Family

APPLICANT OR AGENT	ADDRESS:	TELEPHONE - INCLUDE AREA CODE
BUSINESS NAME	MOBILE NUMBER	FAX NUMBER
EMAIL ADDRESS	SIGNATURE <i>Michael Gaines</i>	
PROPERTY OWNER	ADDRESS:	TELEPHONE - INCLUDE AREA CODE
EMAIL ADDRESS OR FAX NUMBER	SIGNATURE <i>Vicki McKone</i>	

PLEASE FILL OUT THE INFORMATION BELOW REGARDING THE PROPOSED SIGN:

BUSINESS NAME:

LOCATION/ADDRESS:

PHONE NUMBER:

ZONING DISTRICT:

ESTIMATED COST:

SIGN TYPE:

<input type="checkbox"/> Wall	<input type="checkbox"/> Monument/Free Standing
<input type="checkbox"/> Marquee/Canopy	<input type="checkbox"/> Park Name
<input type="checkbox"/> One Side	<input type="checkbox"/> Two Sided
<input type="checkbox"/> Temporary	<input type="checkbox"/> Other - Specify: _____

SIGN DIMENSIONS:

Sign Face Dimensions Height: XX 35.5" Width: XX 78.5"

Total Display Area XX 19.35 sq ft Setback from street R.O.W. _____ ft

Distance from grade to peak of sign (ground sign): _____ ft Lineal feet of wall sign will be placed on(wall sign): _____ ft

SIGN LIGHTING:

<input type="checkbox"/> Internally Illuminated	<input type="checkbox"/> Ground Mounted
<input type="checkbox"/> Non-Illuminated	<input type="checkbox"/> Pole Mounted
<input type="checkbox"/> Mounted On Top of Sign	<input type="checkbox"/> Other-Specify: _____

EXISTING SIGNS

Number of Signs: _____	Type: _____	Area: <u>XX 19.35</u> sq ft
	Type: _____	Area: _____ sq ft
	Type: _____	Area: _____ sq ft

See Additional Conditions Correspondence

CONDITIONS OF APPROVAL: All signs shall conform to the Village of East Troy Zoning Code. Please call 262-352-4433 for Inspections. Give atleast 24 hours notice.

The applicant agrees to comply with the Municipal Ordinances and with the conditions of the permit: understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all of the above information is accurate. Have permit Application number and address when requesting inspections. Call 262-352-4433. Give at least 24 hours notice on all inspections.

Signature of Applicant *Michael Gaines* Date _____

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT
Permit Fee \$ _____ If you would like a copy of the permit, please send a stamped self addressed envelope.	Date _____ From _____ Rec. By _____	90 Days from date unless otherwise noted below	Name _____ Date _____ Certification# _____

NO REFUNDS ON PERMITS

2919 Main Street

