



City of Fitchburg
 Planning/Zoning Department
 5520 Lacy Road
 Fitchburg, WI 53711
 (608) 270-4200

SIGN PERMIT APPLICATION

Business/Applicant: _____

Address: _____ Phone: _____

Contractor: _____

Address: _____ Phone: _____

Owner of Sign (If not Applicant): _____ Address: _____

No. & Street/Highway where sign will appear: _____

Zoning District _____ Approx. Distance from Nearest Intersection: _____

Distance of Sign from Designated Business/Service, Ect: _____

Sign Information: On-Site _____ OR _____ Off-Site
 Attached _____ OR _____ Detached
 *Temporary _____ OR _____ Permanent
 New Sign _____ OR _____ Replacement
 **Special Permit Needed ___ Yes OR ___ No

***Temporary sign requests must be accompanied by a signed statement that the sign will be displayed for a period of time not exceeding forty-five (45) days.**

****Signs which need special permit approval from the City Council must be accompanied by City Council authorization.**

Size of Sign: _____ Height of Sign: _____ Total Sq. Footage of **Existing** Signs: _____

Height of Sign from Nearest Established Grade (feet): _____

For elevation where sign is proposed, what is the **area of the building façade** that the business will occupy?: _____

Materials to be used in Construction: _____

Will sign be Illuminated?***: _____ Description of Electric Equipment: _____

*****Electric work may require an electrical permit and inspection**

Attachments: Attach a scale drawing of the proposed sign indicating dimensions, colors and wording. Also, please attach a site plan/map indicating where the sign is to be located, surrounding buildings and setbacks. Please also attach written approval from the property owners for the proposed sign.

Additional Applicant Comments: _____

Signature: _____ **Date:** _____

Zoning Dept. Comments/Conditions: _____

Permit Granted: _____ Permit Denied: _____ Date: _____ Permit No.: _____

Signature of Zoning Official: _____