



SIGN PERMIT APPLICATION

Village Hall
P.O. Box 47
129 West Main Street
Wales, WI 53183
PHONE (262) 968-3968
FAX (262) 968-5649

PERMIT NUMBER _____

BUSINESS NAME _____

BUSINESS LOCATION _____

BUSINESS TELEPHONE NUMBER _____

CONTRACTOR NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE(_____) - _____ E-MAIL _____

CONTACT PERSON _____ PHONE(_____) - _____

The request MUST include ALL of the Following information on a Scale Drawing:

- Horizontal Dimension of Sign: _____
- Vertical Dimension from Grade to Top of Sign: _____
- Total Square Footage of Sign: _____
- Size of Letters: _____ Color of Letters: _____
- Location of Signage (Submit Site Plan): _____
- Color Rendering Drawn to Scale: Attach Copy
- Type of Sign: ____ Wall ____ Awning, Canopy ____ Projecting ____ Ground
- Material of Sign and Background: _____
- Such other data and information as may be required by the Plan Commission and the Village Board
- Additional space if needed on back of document

Estimated cost of the above sign \$ _____

By my signature, I state and agree that I have carefully examined the completed application and do hereby certify that all information herein is true and correct, and I further certify that any and all work performed shall be done in accordance with the Ordinances of the Village of Wales and the Laws of the State of Wisconsin pertaining to the work described herein

Signature _____ Print Name _____ Date _____

TOTAL FEES: _____ **DATE PAID** _____

Fees double if permit is not given before installation of sign.

Permit Issued by: _____ Date _____ Check # _____

