

Call (262) 544-8280 or 1-800-422-5220 INDEPENDENT INSPECTIONS, LTD.	UNIFORM SIGN PERMIT APPLICATION	PERMIT NO. _____ TAX KEY # _____
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ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY	PROJECT LOCATION (Building Address)
	OF _____	PROJECT DESCRIPTION <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL

Owner's Name _____	Mailing Address _____	Telephone - Include Area Code _____
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Contractor's Name _____	Mailing Address _____	Telephone - Include Area Code _____
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SITE	_____ 1/4, _____ 1/4, SECTION _____, T _____ N, R _____ E(or)W
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Lot: Average Width _____	Average Depth _____	Subdivision Name _____	Lot No. _____	Block No. _____
Zoning District _____	Total Area _____	Setbacks N.S.E.W.	Front _____ Ft.	Rear _____ Ft.
			Left _____ Ft.	Right _____ Ft.

1. PROJECT	3. TYPE	4. USE	7. SIGN TYPE	10. PRESENT USE OR OCCUPANCY
<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Other _____	<input type="checkbox"/> Repair <input type="checkbox"/> Raze <input type="checkbox"/> Move	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	<input type="checkbox"/> Wall <input type="checkbox"/> Ground <input type="checkbox"/> Projecting <input type="checkbox"/> Roof <input type="checkbox"/> Pole <input type="checkbox"/> Other

2. AREA - SIGN FACE	5. HEIGHT	8. ILLUMINATED	EXISTING SIGNS
1st Side _____ Sq. Ft.	_____	<input type="checkbox"/> Internally <input type="checkbox"/> Externally	Total Sq. Ft. _____
2nd Side _____ Sq. Ft.	_____	9. ESTIMATED COST TOTAL \$ _____	
Other _____ Sq. Ft.	6. SHORELAND/FLOODLAND		
TOTAL _____ Sq. Ft.	Shore setback _____ feet from sign to ordinary high water mark. Floodplain setback _____ feet from sign to 100 year floodplain.		

TYPE OF MATERIAL	EXISTING SIGN	INSPECTIONS NEEDED
<input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other <input type="checkbox"/> Plastic <input type="checkbox"/> Canvas _____	Sign 1 Size: Width _____ Height _____ Setback _____ Offset _____ Sign 2 Size: Width _____ Height _____ Setback _____ Offset _____	<input type="checkbox"/> Final

PLAT OF SURVEY INCLUDING THE FOLLOWING INFORMATION:
 1) Location and dimensions of Lot. 2) Location and dimensions of all existing and proposed buildings on the Lot. 3) Location, centerline and grade of all abutting streets. 4) Floor elevation of proposed new buildings. 5) High water line of any water body which Lot abutts. 6) Location of any existing or proposed wells, septic systems, public sewer or water mains on the Lot. 7) Location of any proposal and existing signs.

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate.

SIGNATURE OF APPLICANT _____ **DATE** _____

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have Permit/Application number and address when **requesting inspections. Call (262) 544-8280 or 1-800-422-5220.** Give at least 24 hours notice.

FEES:	PERMIT(S) REQUIRED	PERMIT EXPIRATION:	RECEIPT	PERMIT ISSUED BY MUNICIPAL AGENT:
Plan Review Fee _____ Inspection Fee _____ Administration Fee _____ Other _____ Total _____	<input type="checkbox"/> Construction _____ <input type="checkbox"/> HVAC _____ <input type="checkbox"/> Electrical _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Other _____	Permit expires two years from date issued unless municipal ordinance is more restrictive.	CK# _____ Amt. _____ Date _____ From _____ Rec By. _____	Name _____ Date _____ Certification No. _____