

Town of Saratoga 1120 State Highway 73 South Wisconsin Rapids, WI 54494	SIGN PERMIT APPLICATION	Permit No. _____ Parcel No. _____
---	--------------------------------	--------------------------------------

Applicant – Sign Owner – Print	Home Phone No. (____) _____ Cell Phone No. (____) _____
Address, City, State, ZIP Code	
X	E-Mail Address
Applicant Signature _____ Date _____	
Landowner – Print	Home Phone No. (____) _____ Cell Phone No. (____) _____
Address, City, State, ZIP Code	
X	E-Mail Address
Landowner Signature _____ Date _____	
Installer Name	License Number _____ Business Phone No. (____) _____
Address, City, State, ZIP Code	

Sign Location (Address)	Zoning District
<input type="checkbox"/> On Premise Sign <input type="checkbox"/> Off Premise Sign	
Distance from sign to pavement centerline:	Height above grade:
Distance from sign to On Premise sign:	Number of faces:
Distance from sign to other Off Premise sign:	Total area (all faces):
Sign Type <input type="checkbox"/> Free Standing <input type="checkbox"/> Ground <input type="checkbox"/> Projecting <input type="checkbox"/> String	<input type="checkbox"/> Swinging <input type="checkbox"/> Wall <input type="checkbox"/> Other (attach plans and specifications)
<input type="checkbox"/> Portable <input type="checkbox"/> Banner Permit Valid from _____ through _____ sign may not be displayed before or after this time period	
Sign Illumination <input type="checkbox"/> Steady Light	<input type="checkbox"/> No Light
<input type="checkbox"/> Changeable Message	
ADDITIONAL PERMITS REQUIRED	
STATE DOT PERMIT <input type="checkbox"/> YES <input type="checkbox"/> N.A. ELECTRIC PERMIT <input type="checkbox"/> YES <input type="checkbox"/> N.A.	

ATTACH A SITE PLAN WITH DIMENSIONS AND A SKETCH OR PHOTO OF SIGN TO THIS APPLICATION
APPLICANT AGREES TO HOLD THE TOWN OF SARATOGA HARMLESS AND TO INDEMNIFY THE TOWN OF ANY LIABILITY ASSOCIATED WITH THE SIGN

Permit Fee \$ _____ Date Paid _____ Receipt No. _____

Permit Approved _____ Date _____