



## SIGN PERMIT APPLICATION

WOOD COUNTY, WISCONSIN

Sign Owner Applicant/Agent — Print		Phone No. ( ) _____
		Cell Phone No. ( ) _____
Address,		
City, State, ZIP Code		E-Mail Address
Landowner/Agent – (if sign not on Applicant’s premise) Print		Phone No. ( ) _____
		Cell Phone No. ( ) _____
Address,		
City, State, ZIP Code		E-Mail Address
Installer Name		License Number _____
		Business Phone No. ( ) _____
Address, City, State, ZIP Code		
Height in feet of the Highest part of sign above grade	Ft.	
Number of sign faces		
Total area (all faces)	Sq. Ft.	
<b>Sign Type</b>	<input type="checkbox"/> Permeant	<input type="checkbox"/> Temporary
Permit Valid from _____ through _____ sign may not be displayed before or after this time period		
<b>Sign Illumination</b>	<input type="checkbox"/> No Light	<input type="checkbox"/> Changeable Message
<input type="checkbox"/> Steady Light		
<b>ADDITIONAL PERMITS REQUIRED</b>		
STATE DOT PERMIT (if located on State Highway) <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 SIGN DIMENSIONS AND A SKETCH OR PHOTO OF SIGN. APPLICANT AGREES TO HOLD THE TOWN OF SARATOGA HARMLESS AND TO INDEMNIFY THE TOWN OF ANY LIABILITY ASSOCIATED WITH THE SIGN**

I Certify that the information I have provided in this application, and its attachments, is true and accurate

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
                     Applicant/Agent/Owner

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

Permit Approved \_\_\_\_\_ Date \_\_\_\_\_