

Town of Saratoga 1120 State Highway 73 South Wisconsin Rapids, WI 54494	NONCOMPLIANT SIGN EXTENSION APPLICATION	Permit No. _____ Expiration Date _____
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Applicant/Agent/Owner – Print	
Address, City,	
State, ZIP Code	
Phone No. (____) _____	Cell Phone No. (____) _____
E-Mail Address _____	
(B) Sign Location Legal Description	
_____ 1/4 of _____ 1/4 Sec _____ T21 R6E	Tax Parcel Number _____
Name of Road or Highway where sign is located _____	
Nearest intersection _____	

REQUIRED DOCUMENTATION	Zoning District
<input type="checkbox"/> Drawing showing all dimensions of the sign, include length, height, width, and supporting structure or base	
<input type="checkbox"/> Current lease agreement signed prior to April 1, 2013	
<input type="checkbox"/> Original cost of sign _____	
<input type="checkbox"/> Date of installation _____	
<input type="checkbox"/> DOT Permit (Oasis) number _____ or not applicable <input type="checkbox"/>	

UNLESS A SPECIFIC EXPIRATION DATE IS LISTED ON THIS PERMIT ALL EXTENSIONS SHALL EXPIRE THREE (3) YEARS AFTER DATE OF ISSUANCE.

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: \$25.00 Date Paid: _____ Receipt No. _____

Permit Approved:

Approved by: _____ Date _____

Title: _____