

Town of Saratoga 1120 State Highway 73 South Wisconsin Rapids, WI 54494	EXISTING SIGN TIME EXTENSION APPLICATION	Permit No. _____ Expiration Date _____
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Applicant – Print	Phone No. (____) _____ Cell Phone No. (____) _____
Address, City, State, ZIP Code	
<input checked="" type="checkbox"/> X	E-Mail Address
Applicant Signature _____ Date _____	
Complete A or B	
(A) Sign Location Address,	
(B) Sign Location Legal Description _____ 1/4 of _____ 1/4 Sec _____ T21 R _____ E Tax Parcel Number _____	

Site Improvements Proposed	Zoning District
Size of building	
Use of building or premise	
Type Construction	
Estimated Costs	

ATTACH A SITE PLAN WITH DIMENSIONS AND A SKETCH SHOWING THE LOCATION OF ALL EXISTING AND PROPOSED BUILDINGS, DRIVEWAY, ADJACENT ROAD(S), SETBACKS FROM ALL LOT LINES AND ROAD RIGHT-OF-WAY

Permit Fee _____ Date Paid _____ Receipt No. _____
Permit Approved

Approved By _____ Date _____