VILLAGE OF DOUSMAN
118 S. Main Street
Dousman, WI 53118

For Inspection Call
Phone 262-490-0513

Permit #	
Tax Key #	
Building Permit #	

Sign Permit Application

PROJECT LOCATION (Building Location)	
PROJECT DESCRIPTION	☐ COMMERCIAL ☐ ONE & TWOFAMILY

OWNER'S NAME	MAILING ADDRESS – INCLUDE CITY & ZIP	TELEPHONE – INCLUDE AREA CODE
CONTRACTOR'S NAME	MAILING ADDRESS – INCLUDE CITY & ZIP	TELEPHONE – INCLUDE AREA CODE

SITE

_____1/4, _____1/4, Section _____, T _____N,R _____E(or)W

Lot Average Width _____ Average Depth _____

Subdivision Name _____ Lot # _____ Block # _____

Zoning District _____ Total Area _____

Setbacks N.S.E.W Front _____ft Rear _____ft. Left _____ft. Right _____ft.

PROJECT	TYPE	USE	SIGN TYPE	PRESENT USE OR OCCUPANCY
☐ New ☐ Repair ☐ Alteration ☐ Raze ☐ Addition ☐ Move ☐ Other _____	☐ Residential ☐ Commercial ☐ Other _____	☐ Seasonal ☐ Permanent ☐ Other _____	☐ Wall ☐ Ground ☐ Projecting ☐ Roof ☐ Pole ☐ Other _____	

AREA – SIGN FACE	HEIGHT	ILLUMINATED	LETTERING
1ST Side _____Sq. Ft. 2nd Side _____Sq. Ft. Other _____Sq. Ft. Total _____Sq. Ft.	_____	☐Internally ☐ Externally **ESTIMATED COST** TOTAL $ _____	Size _____ Color _____ Canopy _____

LANDSCAPING	SHORELAND/FLOODLAND	COLORS
	Shore setback _____feet from sign to ordinary high water marks. Floodplain setback _____feet from sign to 100 year floodplain	

TYPE OF MATERIAL	EXISTING SIGN
☐ Wood ☐ Metal ☐ Other ☐ Plastic ☐ Canvas	Sign 1 Size Width _____ Height _____ Setback _____ Offset _____
Support: Post/Pylon _____ Color _____ Base: Post/Pylon _____ Color _____	Sign 2 Size Width _____ Height _____ Setback _____ Offset _____

FEES

Minimum Permit Fee .....$50.00 Each ($7.00 per M of Valuation)
Zoning Fees Per Village Fee Schedule
DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, agency or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Give at least 24 hours notice on all inspections. 262-490-0513

SIGNATURE OF APPLICANT _____ DATE _____

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Inspection Fee _____ **NO REFUNDS ON PERMITS**	Ck# _____ Date _____ From _____ _____ Rec. By _____		Name _____ Date _____ Certification #. _____