



City of Port Washington  
Department of Building Inspection

100 West Grand Avenue  
Port Washington, Wisconsin 53074  
262-268-4277 Fax 262-284-7669

# Sign Permit Application

**Permit #** \_\_\_\_\_

**Business Using Sign** \_\_\_\_\_ **Est. Cost of Sign** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Business Owner Name** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Property Owner Name** \_\_\_\_\_  
(if applicable)

**Contact Person Name** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Type of Sign** \_\_\_\_\_ **Permanent or Temporary (Circle one)**

**Size of Sign** \_\_\_\_\_ **Zoning District** \_\_\_\_\_

**Allowable Size -**  
**Lineal of Building on which sign is to be** \_\_\_\_\_  
**Façade is Facing** \_\_\_\_\_  
**Basic Area Allowed** \_\_\_\_\_  
**Extra Area allowed per Footnotes** \_\_\_\_\_

**Sign Description -**  
**Colors -**  
**Background** \_\_\_\_\_  
**Lettering** \_\_\_\_\_  
**Logo** \_\_\_\_\_  
**Materials- Base** \_\_\_\_\_  
**Lettering** \_\_\_\_\_  
**Symbols** \_\_\_\_\_  
**Lighting** \_\_\_\_\_

**Sign Contractor Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

**Permit Fee:** \_\_\_\_\_