

CITY OF TOMAH

819 SUPERIOR AVENUE
TOMAH, WI 54660
Ph: (608) 374-7429
Fax: (608) 374-7444



APPLICATION FOR SIGN PERMIT

DATE _____

(Applicant's name)

(Applicant's mailing address)

(Phone #)

(Address / Location of proposed sign)

(Description of proposed sign installation)

Does hereby apply for permission to place a sign, on the described premises, to comply with City Ordinance # 52-150. The fee of \$ **40.00** to be paid at the time of application.

Attached to this application is a complete drawing of the proposed sign, including location on premises, distance from lot lines, sign dimensions, and building frontages (wall signs only).

(Signature of applicant)

(This section for office use only)

PERMIT: **GRANTED / DENIED**

Shane Rolff, Building Inspector

Date