



819 SUPERIOR AVENUE  
TOMAH, WI 54660  
Ph: (608) 374-7429  
srolff@tomahonline.com

**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