

TOWN OF MARSHFIELD SIGN PERMIT

Permit No. _____

SIGN LOCATION: _____

PROPERTY OWNER: _____

ADDRESS: _____

PHONE NO: _____ E-MAIL: _____

CONTRACTOR ERECTING SIGN: _____

ADDRESS: _____

PHONE NO: _____ E-MAIL: _____

ZONING DISTRICT:
_____ RESIDENTIAL _____ BUSINESS/INDUSTRIAL _____ GEN AG/FLP

APPLICATION TO: _____ ERECT NEW _____ CHANGE FACE _____ ALTER

TYPE OF SIGN: _____

HEIGHT ABOVE GRADE: _____

DISPLAY SURFACE: _____

COLOR & MATERIAL: _____

SIGN DIMENSIONS: _____ WIDTH _____ HEIGHT _____ AREA _____ SQ FT

ILLUMINATION: _____

Flashing Intermittent/Moving Illumination _____ Yes _____ No

WIRING: _____

SIGN SETBACK FROM PROPERTY LINE: _____ FRONT _____ SIDE _____ BACK

CONTENT OF SIGN: _____

APPLICATION MUST INCLUDE SITE PLAN SHOWING DIMENSIONS, POSITION OF BUILDING, EXISTING SIGNAGE, POSITION OF PROPOSED SIGNAGE, COMPLETE WITH

DIMENSIONS AND DRAWN TO SCALE. REFERENCE: CHAPTER 12, ZONING ORDINANCE, TOWN OF MARSHFIELD

Signature

Date

Please send application and fee of \$25 to: Town of Marshfield Clerk
P O Box 94
Mt. Calvary, WI 53057-0094**

****The Town Board, the Zoning Board of Appeals and the Plan Commission reserve the right to retain professional assistance for advice on rezonings, variances, special use permits or other permits authorized by this ordinance. In addition to the payment of the filing fees, the applicant shall reimburse the Town for its reasonable professional fees.**

S2025

Office Use: Date Rec'd _____ Amt Pd _____ Issued _____

APPROVED BY:

Authorized Signature

Date

Special Requirements/Comments
