

## TOWN HALL OFFICE ATTN: TOWN CLERK 2445 S. AFTON ROAD BELOIT, WISCONSIN 53511-8663 PHONE: 608-364-2980 FAX: 608-364-2999

## SIGN PERMIT APPLICATION

Application Number Provided by Town

| Applicant Information                                                                                              |                |  |  |  |
|--------------------------------------------------------------------------------------------------------------------|----------------|--|--|--|
| Name of Applicant:                                                                                                 | Email Address: |  |  |  |
| Address of Applicant:                                                                                              | Phone Number:  |  |  |  |
| City/ST/Zip:                                                                                                       | Fax Number:    |  |  |  |
| In making this application the undersigned agress to abide by the rules and regulations of Ordinance 10.03.11 Sign |                |  |  |  |

Regulations pertaining to sign promulgated by the Town of Beloit, and the special conditions that may be applied to this use as descriped below. Furthermore, I affirm that the information contained in this applications is true and correct to the best of my knowledge.

| Printed Name Applicant's S    | Signature Da   | ate |  |  |
|-------------------------------|----------------|-----|--|--|
| Property Owner Information    |                |     |  |  |
| Name of Property<br>Owner:    | Email Address: |     |  |  |
| Address of Property<br>Owner: | Phone Number:  |     |  |  |
| City / ST / Zip:              | Fax Number:    |     |  |  |

I am aware and approve of this application for a sign permit, and agree that should the applicant default in the maintenance of the proposed sign, or in any of the terms and conditions of this permit, I shall assume responsibility for correcting any deficiency and maintaining compliance thereafter. If this property is owned by any corporation, partnership, trust, or other entity, I affirm that I am the duly authorized representative of that entity.

| Printed Name                                                                      | Property Owner's Signature Date |                                | Date                           |  |
|-----------------------------------------------------------------------------------|---------------------------------|--------------------------------|--------------------------------|--|
| Project Description                                                               |                                 |                                |                                |  |
| Project Location<br>Street Address:                                               |                                 | Property Zor<br>Classificatior | -                              |  |
| Abutting Streets:                                                                 |                                 | Parcel Numb                    | er:                            |  |
| Type of Sign (circle one): Wall Sign                                              | Projecting Sign                 | On-Premise Ground Sign         | Off-Premise Advertising Sign   |  |
| Off-Premise Directory Sign Other:                                                 |                                 |                                |                                |  |
| Number of businesses on the property:                                             |                                 | Number of existing busines     | s signs on the property:       |  |
| Dimensions of the proposed sign: How many p                                       |                                 | How many printed faces to      | ny printed faces to this sign: |  |
| Type of structure this sign will be mounted on:                                   |                                 |                                |                                |  |
| Maximum height of this sign, as measured from ground level:                       |                                 |                                |                                |  |
| Setback of the sign from each of the abutting road rights-of-way on the property: |                                 |                                |                                |  |
| Setbacks of the sign from adjacent property lines:                                |                                 |                                |                                |  |
| Will this sign be illuminated?                                                    | If yes, How:                    |                                | # of lumens:                   |  |
| Name and address of the person/firm who will produce this sign:                   |                                 |                                |                                |  |
| Name and address of the person/firm who will erect this sign:                     |                                 |                                |                                |  |

| *** ATTACH A PLAN of the proposed sign showing dimensions and support structures*** ***ATTACH A SKETCH of the property showing the location of all existing and proposed signs, and their distances from road rights-of-way and property lines*** Sign Permit Fees as of 1/1/2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                       |                                      |  |  |
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| Residential Sign:<br>Commercial Sign:<br>Temporary Commercial Sign:<br>Sign Review                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <ul> <li>\$ 25.00/each</li> <li>\$ 150.00/each plus \$0.25/per</li> <li>\$ 10.00/each</li> <li>\$ 50.00/each (if necessary)</li> </ul>                                                                                                                                                | sf                                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | For Offical Use Only                                                                                                                                                                                                                                                                  |                                      |  |  |
| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OMPLIANT NONCOMPLIANT                                                                                                                                                                                                                                                                 |                                      |  |  |
| <ul> <li>USE</li> <li>NUMBER</li> <li>TYPE</li> <li>MAINTENANCE</li> <li>LOCATION</li> <li>DIMENSION</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | []]       []]         []]       []]         []]       []]         []]       []]         []]       []]         []]       []]         []]       []]         []]       []]         []]       []]         []]       []]         []]       []]         []]       []]         []]       []] |                                      |  |  |
| THIS SIGN PERMIT APPLICATI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ION IS: [ ] APPROVED                                                                                                                                                                                                                                                                  | [ ] DISAPPROVED                      |  |  |
| <b>Comments and Conditions:</b><br>This permit, if issued, is subject to the control of Beloit and the following special speci |                                                                                                                                                                                                                                                                                       | ral Zoning Ordinance 10.03.11 of the |  |  |
| <ol> <li>This sign shall be removed within ninety (90) days following the date the business, service or activity it identifies, or pertains to, ceases to exist.</li> <li>Every sign and sign support structure shall be erected in conformance with the Building Code.</li> <li>No sign may extend over or encroach upon any yard setback area or public easement except by Conditional Use Permit.</li> <li>Signs that are lit, or in other manner use electricity, shall be constructed in conformance with the State Electrical Code.</li> <li>Illuminated signs, singularly or as a group, may not direct any light onto or across any residential property unless it is diffused to less than 0.4 foot candles.</li> <li>Illuminated signs, singularly or as a group, may not pose a threat to vehicular traffic, or interfere with the safe observation of traffic control devices.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                       |                                      |  |  |
| Permit Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Zoning Administrator                                                                                                                                                                                                                                                                  | Date                                 |  |  |
| For Office Use:<br>Receipt Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _ Fee Paid:                                                                                                                                                                                                                                                                           | _ Date Paid:<br>Form Revised 8/21/19 |  |  |