## SIGN PERMIT APPLICATION

Grant County Conservation, Sanitation & Zoning Dept. 150 W Alona Ln, Lancaster WI 53813 THIS PERMIT WILL EXPIRE ONE YEAR FROM THE DATE ISSUED

Applicant:	Phone Number					
Address:	Email:					
Installer:	Phone number					
Land Owner:	Address:					
Sign Owner:	Address:					
Location - Town of:	Section	Town	Range	W	1/4 1/4	
Along Highway/Road	Faci	ng: N S E W	Direction of	f Travel: N	S E W	
Permit Fee is \$100, payable to Grant County County Comprehensive Zoning Ordinance)	CSZD. (After-the-fact per	mits 2X norma	l fee per Sect	tion 3.27 (7)	(b} of the Grant	
**IF THE SIGN IS TO BE ALONG OR VISIBLE PERMIT: (608) 246-7906, WDOT	E FROM A STATE HIGHWA	AY, APPLICAN	F MUST CON	NTACT STAT	TE FOR	
State Permit Number:		Issue date:			_	
	SIGN INFORM	ATION:				
Date of Installation:	Туре:		Numbe	r of faces: _		
Feet to nearest sign:	Feet from Center line:	F	eet from Rig	ght of Way:	:	
Feet to nearest residence:	Face Dimension:		Feet off Gro	ound:		
ACCORDING TO 2009 WISCONSIN ACT 373, NO ACKNOWLEDGING THAT THEY HAVE RECEIV YOU ARE RESPONSIBLE FOR COMPLYING W LAKES, AND STREAMS. WETLANDS THAT A COMPLY MAY RESULT IN REMOVAL OR M COSTS. FOR MORE INFORMATION, VISIT T http://dnr.wi.gov/topic/wetlands/identificat BY SIGNING THIS, I GRANT CONSENT FOR C COMPREHENSIVE ZONING ORDINANCE. I A You are required to stake out the prop information **NOTE: The signature of the property ow	TION & ZONING DEPT. FOR NDERSIGN ACKNOWLEDGI RIBED IN THIS APPLICATIO COMPREHENSIVE ZONING THE STATE OF WISCONSIN. CONSERVATION, SANITAT OR/TECHNICIAN. FAILURE RANT COUNTY COMPREHE PERMIT MAY BE ISSUED U VED THE FOLLOWING NOT VITH STATE AND FEDERAL RE NOT ASSOCIATED WITH ODIFICATION OF CONSTRU- HE DEPARTMENT OF NATU tion.html OR CONTACT THE SZD STAFF TO ENTER UPOP LSO ACKNOWLEDGE I HAV PERMIT posed sign location prior to on is true and correct to t	THE PROPOSE THAT BY MAK ON & PLOT PLAN ORDINANCE AN I/WE THE UNDI ION & ZONING I TO COMPLY V NSIVE ZONING NTIL THE PROP ICE: LAWS CONCERI H OPEN WATER JCTION THAT V RAL RESOURCI DEPARTMENT N APPLICANT'S TE RECEIVED TH installation. The he best of their nt for Conserva	D WORK DE ING THIS AP N) TO BE DON ND ALL OTH ERSIGN ACK DEPT. FOR EA VITH THESE ORDINANCE ERTY OWNE NING CONST CAN BE DIFF TOLATES TH ES WETLAND OF NATURAJ PROPERTY P HIS NOTICE A HE SIGNATURES IN SOMICE A	SCRIBED AN PLICATION NE IN ACCOI IER APPLICA NOWLEDGE ACH REQUII REQUIREM E. R SIGNS THI RUCTION NI FICULT TO I IE LAW OR ( DS IDENTIFIC L RESOURCI PURSUANT T AND HAVE R below certic.	ND LOCATED ON THE WE ARE RESPONSIBLE RDANCE WITH THE ABLE TOWNSHIP AND TO BE RESPONSIBLE RED INSPECTION AS ENTS IS A VIOLATION E STATEMENT BELOW EAR OR ON WETLANDS, DENTIFY, FAILURE TO OTHER PENALTIES OR CATION WEB PAGE AT ES SERVICE CENTER. TO THE GRANT COUNTY REVIEWED THE ENTIRE	
Applicant's Signature:						
Land Owner's Signature:				e:		

Zoning District:								
Minimum Setback Requirements: S	ide YardFt., Rear Yard	Ft., Front YardFt.,	Center of Street/RoadFt.					
Shore-land/Wetland Protection Ordinance Zoning District: FIRM/Flood Study:								
Reviewed by:	Approved	Denied Dat	te					
$\mathbf{X}$ – Coordinates	$\mathbf{Y}$ – Coordinates	Assigned Fire Number	Town Notified					

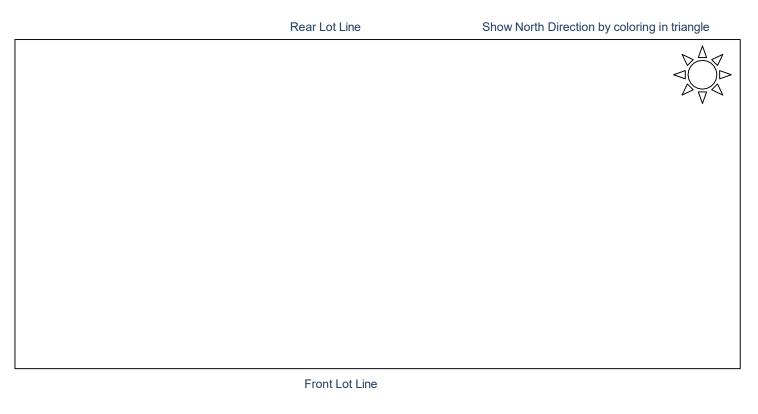
## ZONING PERMIT INSPECTION RECORD

Contact our department when the footprint is marked and when the project is complete at 608-723-6080

DATE	<b>INSPECTION TYPE / NOTES</b>	APPROVED DENIED	INSPECTOR

## PARCEL SKETCH

In the space below, please indicate the proposed location of the sign with distances to property lines, road centerlines, right-ofways, existing signs, and any buildings.



Road Center Line

## SIGN SKETCH

Please sketch the sign dimensions, description, & content of the proposed sign i