

Zoning \_\_\_\_\_

<b>Office Use</b> Permit No. _____ Parcel # _____
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### **SIGN PERMIT**

#### **Zoning Code - Chapter 250-111**

Village of Johnson Creek

125 Depot Street, P.O. Box 238, Johnson Creek, WI 53038

Email: [info@johnsoncreekwi.org](mailto:info@johnsoncreekwi.org) Web: [www.johnsoncreek-wi.us](http://www.johnsoncreek-wi.us)

920-699-2296 Phone 920-699-2292 Fax

Address \_\_\_\_\_

Owner\*\* \_\_\_\_\_

Business Name \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

Phone No \_\_\_\_\_

Email Address \_\_\_\_\_

Sign Installer \_\_\_\_\_ Phone No \_\_\_\_\_

Sign Installer's Address \_\_\_\_\_

Sign Installer's Email Address \_\_\_\_\_

The undersigned hereby agrees that all work shall be done in accordance with this application, all ordinances of the Village of Johnson Creek and all laws and order of the State of Wisconsin.

Type of Sign \_\_\_\_\_ Value of Sign \$ \_\_\_\_\_

Sign Information:		Setback Information:	(from Property Lines)
Overall Height		Front:	
Area (Square feet)		Rear:	
Number of faces:		Side:	

### **SUBMITTAL REQUIREMENTS**

- **Attach site plan for ground signs or site plan & building elevations(s) for wall sign(s)**  
A site plan showing the setbacks from the property lines, buildings, existing & proposed site improvements, including but not limited to parking areas, driveways, sidewalks, buildings, green area, landscaping and other signs; and the proposed location of the sign must be attached to this application. If sign requires Plan Commission review, you will be contacted with further instructions.
- **Colored rendering of each sign.**  
Showing the dimensions and text of each sign.  
**Note: Signage cannot be located in public right-of-way, required green space, parking stalls/aisles or in a vision triangle.**
- **Fee payment (\$2.50 per square foot) \***

\* Failure to obtain permit prior to commencement of work will result in a fee of double the permit fee.

\*\*Any additional Professional Services, will be billed to Owner/Business.(Example Villager Planner Fees) \*\*

I verify that the information submitted is accurate to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:	
Number of signs _____ (One/Two Sided) Sign area (sq. ft) _____ x \$2.50/sq. ft. :\$ _____	
Fee Received: \$ _____ Date: _____ By: _____	
SIGN 100-44400	
Approved: Yes _____ No _____ Date: _____ By: _____	

VISION TRIANGLE ORDINANCE DIAGRAM

