

CITY OF OAK CREEK 8040 S. 6th Street OAK CREEK, WI 53154 PHONE (414) 766-7002 SIGN PERMIT APPLICATION

ONE (1) SIGN PER APPLICATION

Permit No.

Parcel No.

Project Address:						
Business Name			Phone:			
Business Owner Mailing Address, City, State & Zip						
Business Owner Email						
Contractor's Name			Phone:	Fax:		
Contractor Mailing Address, City, State & Zip						
Contractor Email Address						
Estimated Project Cost: \$ Zoning District:						
DESCRIPTION OF PROJECT (Required)						
□ Wall Sign □ Monument - Multi-Tenant □ Projecting						
Sign Type:	- Single–Tenant 🛛 🗆 Awnir	ng/Canopy	□ Or	n-site directional signs (max. 6 sq ft)		
Sign Style:	□ Internal Lighted Ca (monument / logo**	□ Illumina	ted [*]	*Separate electrical permit is required. **Cabinet logo allowed only w/channel letters.		
Dimensions: Area:	Height:	Width:		Depth:		
Monument Sign Setbacks from the Lot Lines:	Front: Re	ear:	Left:	Right:		
		501.	LGII.	Nght.		
Location:						
Applicant must provide graphics of the sign, site map & landscaping plans for freestanding signs, and elevation plan of the sign placement on the building (including dimensions of the wall on which the sign is to be placed).						
MINIMUM 24-HOUR NOTICE IS REQUIRED FOR ALL INSPECTION REQUESTS.						
SCHEDULING WILL BE BASED ON ORDER RECEIVED AND STAFF AVAILABILITY.						
IT IS HEREBY AGREED between the undersigned, as owner, by self or agent, and the City of Oak Creek, that, for and in consideration of the premises and the permit to construct and install as above described, to be issued by the Building Inspector, that the work shall be done in accordance with the description set forth in this statement and the Building Code of Oak Creek. IT IS FURTHER AGREED to construct, erect, alter or install in strict compliance with the ordinances of the City of Oak Creek, and to observe any and all orders of the Building Inspector of the City of Oak Creek made or issued by virtue of the provisions of Wisconsin Statutes or Administrative Code relating to buildings. The owner/agent also agrees to observe and maintain the legal requirement of front, side, side setback abutting a street, and rear setbacks, as provided by the zoning ordinance and the specific regulations of the district as stated in this application.						
Print Name of Contact Person:				Phone ()		
Signature of Applicant:				Date:		
Fees: \$12/\$1,000 of the estimated cost of the project (\$60 Min) Total:						
Office Use (Check list)	Graphics/Plans attached	□ Site map with landscaping & location indicated (Ground signs only)				
	Estimated Cost	Description of Project filled in				