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RICHFIELD SIGN PERMIT

PERMIT NO.
TAX KEY#

Project Address: _____

Project Owner's Name: _____ Project Owner's Phone No.: _____

Project Description: _____

Project Owner's Address (if different from above): _____

Contractor's Name: _____

Contractor's Address, City & Zip: _____

Contractor's Phone No.: _____ Contractor's License No.: _____

Signature of applicant: _____	Date: _____
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PROJECT	TYPE	USE	SIGN TYPE
<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Raze <input type="checkbox"/> Move <input type="checkbox"/> Other _____	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Other _____	<input type="checkbox"/> Wall <input type="checkbox"/> Projecting <input type="checkbox"/> Pole <input type="checkbox"/> Ground <input type="checkbox"/> Roof <input type="checkbox"/> Other _____

CONST. TYPE	HEIGHT	ILLUMINATED	ESTIMATED COST
<input type="checkbox"/> Site Constructed <input type="checkbox"/> Manufactured	_____	<input type="checkbox"/> Internally <input type="checkbox"/> Externally	Total \$ _____

AREA - SIGN FACE	SHORELAND / FLOODLAND	TEMPORARY SIGNS
1st Side _____ Sq. Ft. 2nd Side _____ Sq. Ft. Other _____ Sq. Ft. Total _____ Sq. Ft.	<input type="checkbox"/> Shore setback _____ feet from sign to ordinary high water mark <input type="checkbox"/> Floodplain setback _____ feet from sign to 100 year floodplain.	Temporary Signs are valid for 1 month from date of issuance. 4 non-consecutive temporary signs per calendar year allowed. Effective Date: _____ Expiration Date: _____

TYPE OF MATERIAL	EXISTING STRUCTURES
<input type="checkbox"/> Wood <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Canvas <input type="checkbox"/> Other _____	Structure Size: Width _____ Depth _____ Height _____ Floor Area: 1st Floor _____ 2nd Floor _____ 3rd Floor _____ Basement _____ Garage _____ Other _____ Total (all bldgs) _____

PERMIT FEES	PERMIT ISSUED BY MUNICIPAL AGENT:
Plan Review _____ Other _____ Permit _____ TOTAL _____	Name: _____ Date: _____ Certification No.: _____