



**LINCOLN COUNTY
 SIGN PERMIT APPLICATION**

****Application must be filled out completely and returned
 with payment in order for staff to review****

PERMIT: _____

Town _____

PROPERTY OWNER INFORMATION	
Owner(s)	
Mailing Address	
City, State, ZIP	
Telephone	Cell: _____ Home: _____
E-Mail (optional)	

Tax Parcel # _____

CONTRACTOR/BUILDER INFORMATION		<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> SELF
Name			
Address			
City, State, ZIP			
Telephone			

BUILDING SITE LOCATION			
Section: _____ Township: _____ North	Range: _____ East	Acres: _____	Zoning District: _____
Government Lot _____ OR _____ ¹ / ₄ _____ ¹ / ₄	Additional Info: <small>(Lot, Block, Subdiv, CSM, etc)</small>		

SIGN DETAILS
Town Road or Highway the Sign will be Advertising to:
Sign Size: _____ ft. high X _____ ft. wide = _____ sq. ft
NOTE: No sign may be located on the road/highway right-of-way

First Name _____

PLEASE READ AND SIGN	
<p>The undersigned hereby makes application for a permit to erect a sign located as shown herein. The undersigned agrees that all work shall be done in accordance with the requirements of the Lincoln County Zoning Ordinance and with all other applicable County Ordinances and the laws and regulations of the State of Wisconsin. I declare that the information that I am supplying is true and accurate to the best of my knowledge and I acknowledge that this information will be relied upon for the issuance of this permit. By signing this application I am also granting permission to the zoning department staff to enter my property at any reasonable time for the purpose of inspection to assure compliance with the zoning laws relative to the issuance of this permit.</p> <p>I acknowledge the following:</p> <ul style="list-style-type: none"> · No work on a structure or facility requiring a Land Use permit shall begin until a Land Use Permit has been issued. · All Land Use Permits expire two (2) years from the date issued. 	
Property Owner Signature: _____	Date: _____

Last Name _____

Owner _____

The applicant or authorized party **MUST STAKE THE SITE WITH THE FURTHEST EXTENSION OF THE SIGN INDICATED PRIOR TO ZONING DEPARTMENT ON-SITE VISIT.**
 (If the proposed location cannot be confirmed it will delay issuing the permit.)

PLEASE COMPLETE THE NEXT PAGE

PLOT PLAN DRAWING

PLEASE INDICATE IN THE BOX BELOW THE ROAD/INTERSECTION WHERE THE SIGN WILL BE PLACED INDICATING THE LOCATION OF THE SIGN RELATIVE TO THE ROAD/INTERSECTION

PLEASE INDICATE IN THE BOX BELOW A SKETCH OF THE PROPOSED SIGN & WORDING

N↑

THIS BOX FOR OFFICE USE ONLY

Fee: \$ 100

Receipt:

Inspected By:

Date Inspected:

Density (if applicable):

Permit Application: Approved Denied

Staff Signature:

Date:

Conditions of Permit:

See Attached Permit Card