CITY OF OWEN

PO Box 67, Owen, Wisconsin 54460
Phone 715-229-2404 Fax 715-229-0022

Sign Permit Application

____ New Permit ____ Renewal Permit ____Late Renewal ____ After the Fact Permit

1. Is Zoning Approval Required? No__ *Yes __ *Approved by Zoning Adm. _____
(*Signature is required by CJ Kreuscher)

Permit Applicant:

_____
Last Name First Name

_____
Project physical Address Mailing Address

_____
City State Zip Code Telephone/Cell Number

TYPE OF SIGN: ____ Wall Sign ____ Window Sign ____ Freestanding Sign

Project Description/Dimension/Square Ftg:

_____

_____

_____

_____

Sketch Plan of Sign

Estimated Cost of Project: $_____
(Please provide project drawings, if available)

By signing this document applicant acknowledges that they have received a copy of the current ordinance (Title 15, Chapter 1) Building Code/Fee Schedule.

Applicant's Signature: _____
Date: _____ Fees Paid: _____
(See Schedule of Fees)

Permit Issued By: _____

Please notify City Hall at (715) 229-2404 when your project is completed. Thank you!

2022