

FORM 9: SIGN PERMIT REVIEW

To be submitted with Standard Application Form

SUPPLEMENTAL REQUIREMENTS

Please carefully read the General Instructions of Form 1 for submitted information and process. In addition to Form 1, **the following must be submitted for a sign permit review:**

1. This Form 9 with required information (#3 through 7 below) and completed checklist (page 2).
2. Proper fees as described on Form 1.
3. Written Proposal Description; a statement detailing the reasons and background for this request; including anticipated start of construction, appropriate value of the project, anticipated square footage of structures, and any special site and/or project matters the Town must be made aware of.
4. A list of all property owners and addresses within 500 feet of the proposal.
5. Any other information or studies particular to the site.
6. An extended action form may be needed to allow for a positive action on the sign (please discuss with Town Clerk or Town Planner if needed).
7. Any deed restrictions (12 copies).

Submitted materials must be consistent with the Town of Port Washington Zoning and Subdivision Ordinance, particularly Article VI, and all other pertinent sections of Town Ordinances, State Statutes, Ozaukee County shoreland rules, the Town Land Use Plan and proper planning and land division practices. The Town shall not place any items on the agenda for Plan Commission first or second consideration until it has been verified that the application is complete in accordance with all requirements of Town ordinances and those specified in this and other application forms. In the case of a Sign Permit Review the submitted date, for the purposes of Town Ordinance Section 340-144, is the date that the entire application packet is completed (as dated by Town official on page 2).

Applicant is required to submit additional copies to the State and County as required by Chapter 236, with a copy of submitted plans provided to the Town with the application.

The complete application packet, including the entire required number of copies, must be submitted at least 14 days prior to the Plan Commission meeting, at which the item will be heard. Resubmittal of revised plans may constitute a new submittal for timeframe purposes.

I understand the Town policies as stated herein.

Date	Signature of Applicant(s)

Completed by Applicant

Date Submitted	Date of Plan Commission	Signature of Staff Member
SUBMITTED: <i>(To be completed by applicant: Check each individual blank as information is confirmed. If not applicable, mark N/A.)</i>		
<input type="checkbox"/> Standard Application and Additional Required Information sheet (Forms 1 and 9)		
General Information		
<input type="checkbox"/> Location of building, structure, or lot to which or upon which the sign is to be attached or erected		
<input type="checkbox"/> Name of person, firm, corporation, or association erecting the sign		
<input type="checkbox"/> Written consent of the owner or lessee of the building, structure or land to which or upon which the sign is to be affixed.		
<input type="checkbox"/> Copies of any other permits required and issued for a sign		
Scaled Elevation		
<input type="checkbox"/> Dimensions of sign		
<input type="checkbox"/> Materials to be used		
<input type="checkbox"/> Type of illumination		
<input type="checkbox"/> Method of construction and attachment		
Scaled Site Plan		
<input type="checkbox"/> Location and position of sign in relation to property lines, buildings, structures, right-of-ways, and parking areas		
<input type="checkbox"/> Setback or building lines required by the Planning Commission		
Miscellaneous		
<input type="checkbox"/> Written verification of surety bond or liability insurance policy		
<input type="checkbox"/> Any additional information required by the Planning Commission		

Architect			
Name			
Company			
Address	City	State	Zip
Daytime Phone ()	Fax ()		
Cell	Email		

Professional Engineer			
Name			
Company			
Address	City	State	Zip
Daytime Phone ()	Fax ()		
Cell	Email		

Registered Surveyor			
Name			
Company			
Address	City	State	Zip
Daytime Phone ()	Fax ()		
Cell	Email		

Contractor			
Name			
Company			
Address	City	State	Zip
Daytime Phone ()	Fax ()		
Cell	Email		