

# SIGN PERMIT APPLICATION

<p style="text-align: center;"><b>CITY OF EAU CLAIRE</b>                  Inspection Services Division                  203 S. Farwell St., P.O. Box 5148                  Eau Claire, WI 54702-5148                  Phone 715-839-4947 FAX 715-839-4939  <a href="http://www.eauclairewi.gov">www.eauclairewi.gov</a></p>	<p><b>INSTRUCTIONS:</b></p> <ol style="list-style-type: none"> <li>1) Print all information in ink</li> <li>2) Complete all applicable portions of this form. Blanks will delay processing.</li> <li>3) If you have problems with a particular section, please call.</li> </ol>
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<b>OFFICE USE ONLY</b>	<b>GENERAL INFORMATION</b>
Permit No: _____ Project No: _____  Parcel #: _____ Zone: _____ Zoning: _____	Number and area of existing signs: Wall: _____ Ground: _____ Use of Structure or Site _____  Site Plan # _____ Zoning Appeal # _____ Cond. Use # _____

**PROJECT LOCATION**

Name of Business \_\_\_\_\_  
 Address \_\_\_\_\_  
 Owner of Sign \_\_\_\_\_

**OWNER OF PREMISES**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

**SIGN CONTRACTOR** License No: \_\_\_\_\_

Business Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Email: \_\_\_\_\_

**CLASS OF WORK** (Check One Box)

New  Replacement  Alteration   
 Addition  Temporary  Repair

**CONTRACTOR COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT'S STATEMENT**

I certify that the information provided on this form is complete and accurate and hereby agree to comply with all applicable codes and ordinances of the City of Eau Claire and the State of Wisconsin and any conditions attached hereto. I understand that this sign should not be erected without full knowledge and agreement of the property owner. I further understand that the issuance of this permit is not valid until the fee is paid; and that work under this permit must be completed with 180 days after which time the permit becomes null and void. I acknowledge that work under this permit is subject to inspection and shall cooperate with the building inspector or an authorized agent to permit any such inspections during reasonable hours. City Inspectors or their agents will have proper ID. You may ask to see it or call City Inspections Division at 715-839-4947 with any questions.

\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date

Upon signature of an authorized member of the Inspection Services Division, this becomes a permit to conduct the above described work in accordance with all existing laws, ordinances and regulations.

\_\_\_\_\_  
 Inspector's Signature \_\_\_\_\_  
 Date

	Sign #1	Sign #2	Sign #3	
Type of Sign (wall, ground, temp)	_____	_____	_____	
Sign Dimensions	_____	_____	_____	
Sign Area: (sq. ft.)	_____	_____	_____	
Sign Height: To Top of Sign (ft.)	_____	_____	_____	
Clearance: Grade to Sign (ft.)	_____	_____	_____	
Setback from Front Property Line (ft.)	_____	_____	_____	
Setback from Side Property Line (ft.)	_____	_____	_____	
Copy on Sign	_____	_____	_____	
Type of Materials	_____	_____	_____	
Illumination (none, reflected, internal, direct)	_____	_____	_____	
Length of Wall the Sign is attached to (tenant space only for multi-occupant building)	_____	_____	_____	
Project Cost per Sign	_____	_____	_____	
Fee Submitted	_____	_____	_____	
				<b>Total</b> _____

**NOTE: Please attach all applicable information listed on the reverse side of this application.** (1/16) 1560

# SIGN PERMIT APPLICATION

## Submittal Requirements

All sign permit applications shall provide the following:

1. A plot plan of the premises. Show the location of all structures, existing signs on the premises and proposed sign(s) and their setbacks from all property lines.
2. Show dimensions of all signs and buildings on the premises in terms of height, length and width.
3. A detailed sketch or photo with elevations of the proposed sign(s) showing the height, dimensions and proposed copy.
4. Structural plans and footing plans for the sign(s) shall be submitted if required by the Inspection Services Division

In addition to the above information, the following shall also be required for ground signs:

1. Identify any ground signs located within 100 feet of the proposed sign(s).
2. Identify any poster panels within 500 feet and 1,000 feet of a proposed poster panel.
3. Show the relation of the proposed sign(s) to property lines, parking areas and drives.
4. Show the required landscaping around the base of the proposed sign(s).

**Permit Fees** – All fees shall be payable to City of Eau Claire

1. Signs	32 Sq. Ft. or less	\$36.00
	Greater than 32 Sq. Ft.	\$70.00
	Ground Sign: 51 Sq. Ft. – 120 Sq. Ft.	\$105.00
	Ground Sign: 121 Sq. Ft. +	\$155.00

\*An additional charge of **\$25.00** shall be payable for any electrical sign.

2. The fee for temporary signs, which require a sign permit, shall be \$25.00
3. Fees will be doubled if work is commenced prior to the issuance of a permit.
4. Fees are nonrefundable.

OFFICE USE ONLY

Inspector comments for Sign Permit \_\_\_\_\_

Inspector comments for file: \_\_\_\_\_