

CITY OF TOMAH

819 SUPERIOR AVENUE
TOMAH, WI 54660
Ph: (608) 374-7429
Fax: (608) 374-7444



APPLICATION FOR SIGN PERMIT

DATE _____

(Applicant's name)

(Applicant's mailing address)

(Phone / Fax number)

(Address / Location of proposed sign)

(Description of proposed sign installation)

Does hereby apply for permission to place a sign, on the described premises, to comply with City Ordinance # 52-150. The fee of \$ 25.00 to be paid at the time of application.

Attached to this application is a complete drawing of the proposed sign, including location on premises, distance from lot lines and sign dimensions.

(Signature of applicant)

(This section for office use only)

PERMIT: **GRANTED / DENIED**

Shane Rolff, Building Inspector

Date