

Village of Stockholm
PO Box 17, Stockholm Wisconsin 54769
SIGN PERMIT APPLICATION

Business Owner:

Business Name:

Address:

City, State, Zip:

Phone:

Property Owner:

Address:

City, State, Zip:

Lineal feet of building in which business is located:

Total available signage at this location (Lineal feet x 4)

Size of requested sign:

Square footage of requested sign:

Total square footage of all existing signs:

New total of square footage of signs including this application:

Location of sign:

Materials:

Manner of attachment:

Will any illumination be used? N - Y, if yes, what type:

Sketch of the sign with dimensions must be included.

An application fee of \$20, made payable to the Village of Stockholm must be attached.

The Sign Administrator may require additional information pending need for any clarification, after receipt of any additionally requested information the Administrator shall have a period of ten day to approve to reject the application.

The above submitted information is accurate, and correct and I further understand and agree to the terms and conditions of the Stockholm Village Comprehensive Zoning Ordinance regarding signs. Inaccurate or incomplete information on this application will constitute a rejected, voided application.

Signature and Date _____