City of De Pere

335 S. Broadway De Pere, WI 54115 Phone: (920) 339-4053 FAX: (920) 330-9491



SIGN PERMIT Application & Record

Permit #:
Fee:
Receipt #:
Date:

	Called		
Property Owner:	Setbacks: Front:		
Address:			
	Right:		
Phone E-Mail	Left:		
	Scope of Work:		
Pusings Owner/Lessee	□ Erect		
Business Owner/Lessee:	□ Alteration		
Address:	□ Repair		
	□ Relocate		
Phone E-Mail	☐ Enlarge☐ Encroach in ROW		
	☐ Other:		
	U Other.		
Contractory	Illumination:		
Contractor:	□ Internally Illuminated		
Address:	□ Externally Illuminated		
	□ Non-illuminated		
Phone E-Mail	□ Halo lit/back lit		
	<u> </u>		
	Type of Sign:		
Address of Sign Location:	Type of Sign: ☐ Fascia/Wall		
Address of Sign Location:			
	□ Fascia/Wall□ Ground/Monument□ Projecting		
Address of Sign Location: ———————————————————————————————————	 □ Fascia/Wall □ Ground/Monument □ Projecting □ Pylon/Pole 		
	 □ Fascia/Wall □ Ground/Monument □ Projecting □ Pylon/Pole □ Temporary 		
	 □ Fascia/Wall □ Ground/Monument □ Projecting □ Pylon/Pole □ Temporary □ Banner 		
	 □ Fascia/Wall □ Ground/Monument □ Projecting □ Pylon/Pole □ Temporary □ Banner □ Window 		
	 □ Fascia/Wall □ Ground/Monument □ Projecting □ Pylon/Pole □ Temporary □ Banner □ Window □ Awning/Canopy 		
	 □ Fascia/Wall □ Ground/Monument □ Projecting □ Pylon/Pole □ Temporary □ Banner □ Window 		
	 □ Fascia/Wall □ Ground/Monument □ Projecting □ Pylon/Pole □ Temporary □ Banner □ Window □ Awning/Canopy 		
Sign Copy:	 □ Fascia/Wall □ Ground/Monument □ Projecting □ Pylon/Pole □ Temporary □ Banner □ Window □ Awning/Canopy □ Other: 		
Sign Copy: Sign Copy: Square Footage of Sign: Height Above Grade:	 □ Fascia/Wall □ Ground/Monument □ Projecting □ Pylon/Pole □ Temporary □ Banner □ Window □ Awning/Canopy □ Other: 		
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Sign Copy: Sign Copy: Square Footage of Sign: Height Above Grade: Height of Sign: Width of Sign: Number of Faces:	 □ Fascia/Wall □ Ground/Monument □ Projecting □ Pylon/Pole □ Temporary □ Banner □ Window □ Awning/Canopy □ Other: 		
Sign Copy: Sign Copy: Square Footage of Sign: Height Above Grade: Height of Sign: Width of Sign: Number of Faces: Sign Voltage:	□ Fascia/Wall □ Ground/Monument □ Projecting □ Pylon/Pole □ Temporary □ Banner □ Window □ Awning/Canopy □ Other: Sign Manufacturer & Address:		
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Electrician Name & Address: Permit Application Conditions: Permit Application Conditions: The undersigned hereby applies for a permit to do work according to the above description and the plans and specifications submitted herewith. The undersigned agrees that such work will be done as described and that they will comply with all applicable statutes of the State of Wisconsin and Ordinances of the City of De Pere, Wisconsin. Signs Encroaching on Right-of-Way: 1. Property owner/lessee agrees to save and hold the City of De Pere harmless from any and all injury that may occur to any party as the result of the requested sign encroachment upon the right-of-way referenced hereunder. This provisions in intended to indemnify and hold harmless state city of De Pere to the fullest extent permitted by law and includes the payment of reasonable attorney fees for the defense of any claims brought which can fairly be said to be under the intent and purpose of this hold harmless agreement. To secure such hold harmless agreement, property owner, lessee, the interests of right-of-way is required for another use deemed by the City of De Pere to be inconsistent with continued encroachment under this permit or if the City determines that the sign installation creates conditions adverse to the best interests of right-of-way is required for another use deemed by the City of De Pere to be inconsistent with continued encroachment under this permit or if the City determines that the sign installation creates conditions adverse to the best interests of right-of-way upon ten (10) day written notice to property owner/lessee, upon notification by the Building Inspector, shall promptly remove the encroaching sign		Electric Permit Required						
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Application Date:	Coı	ntractor:						
Building Inspector:		Pere License Number:						
Approval Date:	Bui	ilding Inspector:						
	Ap	proval Date:						