

City of Bayfield Sign Permit Application

P.O. Box 1170, Bayfield, WI 54814

Phone: 715-779-5712

Fax: 715-779-5094

Applicant: _____

Business: _____

Phone Number: _____ E-mail: _____

Address: _____

Block: _____ Lots: _____ Zoning District Classification: _____

Sign Information:

Type: Free Standing Ground; Projecting; Wall Flat

Size: _____' _____" x _____' _____" Total Square Feet: _____

Proposed Location of Sign: _____

Name of person responsible for installing sign: _____

List any other signs, their locations, and sizes:

1. _____
2. _____
3. _____

Multi-Business Premise Only:

List all other businesses in building and signage present. _____

Note:

- Applications for signage on Multi-Business Premises must be reviewed by the Plan Commission. A representative must be present at the meeting.
- A detailed sketch to scale of the proposed sign(s) must be provided showing dimensions, location, and color.

Certificate: I hereby certify that all the above statements and attachments submitted hereto are true and correct to the best of my knowledge and belief.

Applicant: _____ Owner: _____

Date: _____ Date: _____

Approved by:	Date:	Fee: \$30.00 Residential ____ \$50.00 Commercial ____ Receipt No.:	Permit #:
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