

Parcel No: _____
Zoning _____

Office Use Permit No. _____ Date: _____
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TEMPORARY SIGN PERMIT
(Zoning Ordinance Section 250-116)

Village of Johnson Creek
125 Depot Street, P.O. Box 238, Johnson Creek, WI 53038
Email: info@johnsoncreekwi.org Web: vi.johnsoncreek.wi.gov
920-699-2296 Phone 920-699-2292 Fax

Address _____

Owner _____

Business Name _____

Business Mailing Address _____

Phone No _____ Fax No _____

Email Address _____

Sign Erector _____ Phone No _____

Sign Erector's Address _____

The undersigned hereby agrees that all work shall be done in accordance with this application, all ordinances of the Village of Johnson Creek (250-807) and all laws and order of the State of Wisconsin.

Type of Sign _____ Value of Sign \$ _____

Sign Information:		Setback Information:	(from Property Lines)
Pennants:		Front:	
Mobile Sign:		Rear:	
Other (describe):		Side:	

SUBMITTAL REQUIREMENTS

- **Attach site plan for ground signs or site plan & building elevations(s) for wall sign(s)**
A site plan showing the setbacks from the property lines, buildings, existing & proposed site improvements, including but not limited to parking areas, driveways, sidewalks, buildings, green area, landscaping and other signs; and the proposed location of the sign must be attached to this application. If sign requires Plan Commission review, you will be contacted with further instructions.
- **Colored rendering of each sign.**
Showing the dimensions and text of each sign.
- **Note: Signage cannot be located in public right-of-way, required green space, parking stalls/aisles or in a vision triangle.**
- **Fee payment (\$1.25 per square foot) ***

* Failure to obtain permit prior to commencement of work will result in a fee of double the permit fee.

I verify that the information submitted is accurate to the best of my knowledge.

Applicant's Signature _____ Date: _____

For Office Use Only:			
Number of signs _____	Sign area (sq. ft) _____	x \$1.25/sq. ft. :\$ _____	
Fee Received: \$ _____	Date: _____	By: _____	
Approved: Yes _____	No _____	Date: _____	By: _____

VISION TRIANGLE ORDINANCE DIAGRAM

