



W314N7624 State Road 83
 PO Box 128, North Lake, WI 53064
 Phone: (262) 966-2469
 Fax: (262) 966-2801
 Email: Inspector@townofmerton.com
 Website: www.townofmerton.com

**SIGN PERMIT APPLICATION
 TOWN OF MERTON**

Permit No. _____

Parcel No. _____

Sign Address: _____

Owner's Name: _____

Mailing Address _____

Tel. _____

Email Address _____

Cell _____

Tenant's Name: _____

Mailing Address _____

Tel. _____

Email Address _____

Cell _____

Sign Company Name _____

Mailing Address _____

Tel. _____

Email Address _____

Cell _____

SIGN SQUARE FOOTAGE _____

SIGN HEIGHT (above grade) _____

DATE SIGN TO BE ERECTED _____

ESTIMATED COST
 \$ _____

Project Description

TYPE OF SIGN

Awning or Canopy
 Ground Sign
 Illuminated
 Marquee
 Non-Illuminated
 Projecting Sign
 Roof Sign
 Street Closing
 Temporary
 Other

DISTANCE TO LOT LINES

FRONT _____

RIGHT _____

LEFT _____

REAR _____

PROJECT

TYPE

USE

ILLUMINATED

TYPE OF MATERIAL

New Repair
 Alteration Raze
 Addition Move
 Other

Residential
 Commercial
 Other

Seasonal
 Permanent
 Other

No
 Yes
 Internal
 External

Size _____
 Color _____
 Canopy _____

Wood
 Metal
 Plastic
 Other

AREA - SIGN FACE

SHORELAND/ FLOODLAND

COLORS

EXISTING SIGN

1st. Side _____ Sq. Ft.
 2nd. Side _____ Sq. Ft.
 Other _____ Sq. Ft.
 Total _____ Sq. Ft.

Setback to ordinary high water mark
 Setback to 100 year floodplain

Width _____
 Height _____
 Setback _____
 Offset _____

NAME OF SURETY BOND OR INSURANCE COMPANY ON CERTIFICATE OF ISSUANCE
 (attach bond or certificate with hold harmless clause to the Town on this application)

Submit The Following With This Permit

SITE SURVEY (must detail location and setbacks to lot lines) & COLOR RENDERING REQUIRED WITH APPLICATION

APPLICANT SIGNATURE: _____

DATE: _____

APPLICANT PRINT NAME: _____

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. I grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. No refunds issued after work has begun.

APPROVAL CONDITIONS:

This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or penalty.

OFFICE USE ONLY

PERMIT FEES:

Base Fee \$75.00
 _____ Area x \$3.00/ sq. ft. \$ _____
 Total \$ _____

PERMIT ISSUED BY:

Name _____
 Date _____
 Phone _____
 Cert. No. _____