

DOOR COUNTY LAND USE SERVICES DEPARTMENT
421 Nebraska Street – Government Center
Sturgeon Bay, Wisconsin 54235
TEL (920) 746-2323 – FAX (920) 746-2387

APPLICATION FOR SIGN PERMIT

TO THE ZONING ADMINISTRATOR. The undersigned hereby makes application for a SIGN PERMIT for the work described and located as shown herein. The undersigned agrees that all work shall be done in accordance with the requirements of the Door County Comprehensive Zoning Ordinance.

1. OWNER OF SIGN

Name: _____
Mailing Address Fire #: _____
Street: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____ - _____ - _____
Daytime Phone #: _____ - _____ - _____
Business Location Tax Parcel Number:
_____ - _____ - _____

Signature: _____
Date: _____

2. OWNER OF PROPERTY

Check box if same as "OWNER OF SIGN" above.
Name: _____
Mailing Address Fire #: _____
Street: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____ - _____ - _____
Daytime Phone #: _____ - _____ - _____
Signature: _____
Date: _____

3. LOCATION OF SIGN

Fire #: _____
Road: _____
Town of _____
Tax parcel number:
_____ - _____ - _____

4. TYPE OF SIGN

_____ New or replacement freestanding sign (sign face &/or supporting structures)
_____ New or replacement building sign (e.g., wall, window, & projecting signs)
_____ New or replacement local arrowboard assembly
_____ Replacement of destroyed nonconforming sign
_____ Replacement of nonconforming sign face &/or supporting structures

5. DIMENSIONS OF SIGN FACE(S)

Width: _____ Height: _____
Width: _____ Height: _____
Width: _____ Height: _____

6. SIGN PLANS (See Attached) Must be drawn to scale

7. SITE PLAN (See Attached) Must be drawn to scale

8. FEE: \$ 100.00

Check may be made payable to "Door County Treasurer".
Note: Double fee will be charged for projects started without permit.

Receipt# _____ Fee _____ Date _____

9. AUTHORIZATION FOR INSPECTION

I hereby authorize the Zoning Administrator(s) to enter and remain in or on the premises for which this application is made at any reasonable time for all purposes of inspection relative to this petition.

10. SIGNATURE OF APPLICANT OR AGENT:

Date: _____

(FOR OFFICE USE ONLY)

Zoning District: _____

Core Area: Yes / No

Long-Term Residential Use: Yes / No

Home-Based Enterprise: Yes / No

Business Establishment: Yes / No

Inspections:

Date	Inspector	Remarks
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sign Permit Issued: (by) _____ (date) _____ (for) _____

(w/conditions) _____

Sign Permit Denied: (by) _____ (date) _____ for the following reasons: _____

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SIGN PLANS

DATE: _____

OWNER OF SIGN: _____

OWNER OF PROPERTY: _____

Below or on a separate sheet, provide the sign plans drawn to scale showing the sign face dimensions and message/logo (both sides, if applicable). Also provide a sign plan drawn to scale showing the sign height as measured from the ground to the top of the sign.

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SITE PLAN

DATE: _____

OWNER OF SIGN: _____

OWNER OF PROPERTY: _____

Below or on a separate sheet, provide a site plan drawn to scale showing each of the following:

- Distance to edge of public or private road right-of-way/easement.
 - Distance to side lot lines.
 - Distance to navigable waterway (e.g., lake, pond, river, stream, etc.).
 - Distance to any other freestanding sign(s) on the same property as the proposed sign.
 - Distance to any other existing building(s)/structure(s).
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PLEASE STAKE/IDENTIFY LOCATION OF PROPOSED SIGN ON-SITE FOR INSPECTION PURPOSES