



OFFICE USE ONLY:

Date: _____ PERMIT #: _____
Parcel #: _____ Zoning District: _____

Zoning Department

1156 Alpine Drive Phone: 715 325-8019
Nekoosa, WI 54457 Fax: 715 325-8035
Email: zoning@romewi.com
www.romewi.com

SIGN PERMIT APPLICATION

\$100.00 OFF SITE APPLICATION FEE
\$50.00 ON SITE APPLICATION FEE

PLEASE PRINT CLEARLY & FILL OUT COMPLETELY

Owner of Sign:

Name _____

Mailing Address _____

City/State/Zip _____

Home Phone _____ Business Phone _____

Tax Parcel No. _____

Location of Sign _____

TYPE OF SIGN: On Premise Off Premise

DESIGN OF SIGN: Attach a drawing to scale showing the size and height of the sign. Said drawing shall also contain a brief description of the type of materials that are to be used for the sign, color scheme, lettering or graphic style and lighting.

SITE PLAN

Attach drawing showing the following:

Location of sign on property

Distance to center line of road _____ ft.

Distance to closest side of lot line _____ ft.

Distance to driveway at right-of-way line _____ ft.

BY SIGNING BELOW I GRANT CONSENT FOR DEPARTMENT STAFF TO ENTER PREMISES.

Signature of Owner or Agent: _____ Cell # _____

Printed Name: _____ E-mail _____

Address: _____

OFFICE USE ONLY:

\$ _____ Comments / Conditions: _____
Paid: \$ _____
(check # or cash)
Date: _____ Approved by: _____ Date: _____
By: _____ Denied by: _____ Date: _____