



**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](mailto: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: \_\_\_\_\_