

VILLAGE OF MINONG
123 5TH AVE, MINONG, WI 54859
PHONE (715) 466-2322 FAX (715) 466-4752

APPLICATION FOR SIGN PERMIT

NUMBER _____

OWNER OF SIGN

Name _____ Home Phone _____ Business Phone _____
Street _____
Signature _____ Date _____

OWNER OF PROPERTY

Name _____ Home Phone _____ Business Phone _____
Street _____
City, State, Zip _____
Tax Parcel No. _____
Signature _____ Date _____

LOCATION OF SIGN

Street Address _____

DIMENSIONS OF SIGN

Width _____ Height _____
Include drawing of sign, showing lettering, etc.

FEE: Make check payable to Village of Minong in the amount of \$ _____

AUTHORIZATION FOR INSPECTION

I hereby authorize the Building Inspector to enter and remain in or on the premises for which this permit is requested at any reasonable time for purposes of inspection relative to this petition.

APPLICANTS

SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY

Permit issued (by): _____ Date _____
For _____
W/Conditions _____
Permit Denied (by): _____
For following reasons _____

