



SIGN APPLICATION

City of South Milwaukee
 Inspection Department
 2424 15th Avenue, South Milwaukee, WI 53172
 (414) 768-8052

OFFICE USE ONLY	
PERMIT:	
DATE RECEIVED:	
PERMIT FEE:	MIN \$30 Max \$100 \$1/SF
DATE APPROVED:	

Property Address:		Business Name:	
Property Owner's Information		Applicant Information: Contractor? Yes No	
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone#:	Alt#:	Phone#:	Alt#:
Email:		Email:	
Sign Contractor:			
Contact Name:		Phone#:	
Address:		Alt#:	
City/State/Zip:		Email:	
Estimated project cost: \$			
Sign Description			
Describe type of sign and style:			
Sign Dimensions		Size of Sign Square Feet	
Will the sign be illuminated?		Electrical Contractor:	
Location:			
If projecting sign, mounting height:			
Required Attachments:			
Elevation of sign drawn to scale, colored and with full dimensions			
Elevation of building with sign drawn to scale, colored and with full dimensions			
Photo of building if building elevation rendered			
If freestanding sign, site plan showing sign location and setbacks of lot line			
Signature of Applicant		Date:	
OFFICE USE ONLY – Staff Review			