BUILDING PERMIT APPLICATION: SIGN

City of Altoona, Wisconsin

The information you provide may be used by other government agency programs [Privacy Law, s. 15.04 (1)(m)]. The *Wisconsin Commercial Building Code* is available @ *www.legis.state.wi.us/rsb*. Information is also available at the Department of Commerce @ *www.commerce.state.wi.us*, click on Division of Safety & Buildings.

THE OWNER'S NAME MUST BE THE NAME THAT APPEARS ON THE TAX ROLL. You may call 715-839-6092 to verify. If the current owner is not correctly identified, the application must be re-submitted, which will delay the start of the project.				**Building/Project Address**	
Owner's Name:				**Parcel #**	
Owner's Mailing Address:				**18-201-**	
Telephone:		**Cell:**			
Permit(s) Requested:	☐ **Construction** ☐ **Electric**				

Construction Contractor's Name	**Project Contact Name:**		**Est. Value of Project**	**Construction Permit #** (assigned by Bldg Insp)
	Mailing Address	**Tele:**		
		Cell:		
		Fax		

Electric Contractor's Name	**Project Contact Name:**		**Est. Value of Project**	**Electric Permit #** (assigned by Bldg Insp)
	Mailing Address	**Tele:**		
		Cell:		
Lic Cert #		**Fax**		

Project Location	1/4	1/4	Section	T	R
				27N	9W

Zoning District(s):		**Subdivision Name:**		**Lot #:**		**Block #:**	

SETBACKS:	**Front**		**Rear**		**Left**		**Right**	

PROJECT DESCRIPTION: please use this space to describe your project.

Sign drawing/details reviewed for compliance with (EV will supply).

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. The owner is responsible to meet all provisions of the *Wisconsin Commercial Building Code.*

APPLICANT'S SIGNATURE		**DATE SIGNED**	

Approval Conditions: This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

I have read and will abide by the above approval conditions.	**Initials:**		**Date:**	

FEES			**WIS Permit Seal No.**		**Permit Issued By:**	
				Receipt	Name:	Eric Velin
			Cash / Ck			
			Date		Date:	
Construction	*(44310)*	$	From			
Electrical	*(44320)*	$			Cert. No.	70304
	TOTAL	$	Rec. By			