

VILLAGE/TOWN OF BLOOMFIELD

VILLAGE: PO BOX 609 – TOWN: PO BOX 704, PELL LAKE, WI 53157
Planning and Zoning Office (262) 279-6039 Ext. 3 • Fax (262) 279-0196

SIGN PERMIT APPLICATION

_____ Town _____ Village

To be attached to Zoning Permit.

Location of Proposed Sign: _____

Phone Number: _____

Tax Parcel #: _____ Zoning District: _____

Wall Sign Freestanding Billboard Illuminated Single-Sided Double-Sided

Size of Sign (width x length): _____

Setback from Street: _____

Wind Pressure Complaint: _____ Yes _____ No

(Applicant Name-Printed)

(Applicant Signature)

(Date)

COST RECOVERY AGREEMENT

I/We, the undersigned, do hereby understand and agree that as an applicant or petitioner of the Village/Town of Bloomfield, I/We will be responsible for all normal fees payable by an applicant or petitioner (e.g. application fees, engineer fees, attorney fees, etc.). I/We further understand and agree to be responsible for any additional or consequential costs to the municipality as a result of my/our application or petition (i.e. engineering, legal, or other professional services). All fees and costs shall be paid within thirty (30) days of invoice and must be paid prior to the issuance of any permit or license. If payment is not made, said fees and costs may be assessed against the real property as a special charge.

(Applicant Signature)

(Date)