

TOWN OF CAMPBELL
2219 BAINBRIDGE STREET, LA CROSSE, WI 54603
PHONE: (608) 783-0050 FAX (608)779-9396

SIGN PERMIT APPLICATION

PLEASE PRINT

SIGN OWNER AND PROPERTY OWNER INFORMATION

Name of Property Owner: _____ Telephone # _____

Mailing Address: _____

Name of Sign Contractor: _____ Telephone # _____

Mailing Address: _____

LOCATION OF SIGN

Address: _____

Zoning District: _____

TYPE OF SIGN

Wall ___ Pole/Ground Mounted ___ Monument ___ Single Faced ___

Double Faced ___ Temporary ___ Portable ___ Other _____

Illuminated ___ Non-Illuminated ___

A DRAWING OR PHOTO IS REQUIRED FOR ALL SIGNS DENOTING LOCATION ON PROPERTY

Description of Sign and Materials to be Used _____

Estimated Sign Value: \$ _____ Type of Sign Support: _____

Sign Dimensions: _____ x _____ = Sq. Ft: _____ Height: _____

Setback from Property Line: Front: _____ Left: _____ Right: _____

I hereby agree to fully comply with the ordinances and regulations of the Town of Campbell.

Applicant's Signature _____ Date _____

Approved by: _____ Date: _____