



City of Port Washington
Department of Building Inspection

100 West Grand Avenue
Port Washington, Wisconsin 53074
262-268-4277 Fax 262-284-7669

Sign Permit Application

Permit # _____

Business Using Sign _____ **Est. Cost of Sign** _____

Business Address _____

Business Owner Name _____ **Phone No.** _____

Property Owner Name _____
(if applicable)

Contact Person Name _____ **Phone No.** _____

Type of Sign _____ **Permanent or Temporary (Circle one)**

Size of Sign _____ **Zoning District** _____

Allowable Size -
Lineal of Building on which sign is to be _____
Façade is Facing _____
Basic Area Allowed _____
Extra Area allowed per Footnotes _____

Sign Description -
Colors -
Background _____
Lettering _____
Logo _____
Materials- Base _____
Lettering _____
Symbols _____
Lighting _____

Sign Contractor Name: _____ **Phone Number:** _____

Remarks: _____

Applicant's Signature _____ **Date** _____

Approved By: _____

Permit Fee: _____