

Inspection Dept.
 City of Cudahy
 5050 S. Lake Drive 53110
 PH: (414)769-2209
 FAX: (414)769-2261

Application for
SIGN PERMIT

Key # _____
 Permit # _____
 Issued _____

DESIGN REVIEW BOARD APPLICATION AND APPROVAL MUST BE COMPLETED PRIOR TO SUBMITTING THE PERMIT. PERMIT MUST BE APPROVED PRIOR TO SIGN INSTALLATION OR DOUBLE FEES WILL BE ASSESSED PER MUNICIPAL CODE.

CHECK FOR EACH SIGN TYPE

Wall (Includes Time/Temperature)

Window: Permanent or Temporary

Master ID Multi-Tenant (more than 4 tenants)

Multi-Tenant (4 or fewer tenants)

Temporary (30 days Maximum)

Monument Canopy/Awning

Projecting Freestanding

BUILDING USE

Retail/mixed use Office Multi-Tenant

Other _____

SIGN INFORMATION

Information must be consistent with architectural rendering cut-sheets.

Total # of Signs _____

Total Sq. Footage _____

Total Height (Grade to Top of Sign) _____

Time Sign/Banner to be in Place _____

Internally Electrified _____

Testing Lab & Listing # _____

Electrical Contractor _____

Structural Design Calculations prepared by a Professional Engineer are required if sign is higher than 10' or larger than 32 Sq.Ft.
 Calculations prepared by _____

Wis. Reg. _____

NOTES: _____

APPLICANT INFORMATION

Address _____

Cost/Value _____

Owner _____

Owner Address _____

City _____ State _____ Zip _____

Phone _____

Contractor Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

e-Mail _____

EXISTING SIGN INFORMATION

Total No. of Signs _____ Total Sq. Footage _____

Will all existing signage remain? (Please explain)

OFFICE USE ONLY

Total Sq.Ft. _____ 50 Sq.Ft. or less = \$50 _____

More than 50 to 100 Sq. Ft. \$100

More than 100 to 200 Sq. Ft \$150

+ \$15 Processing Fee TOTAL=\$ _____

	Approved	Not Approved	Date
Bldg./Zoning			

APPLICANT, PLEASE NOTE: Sign cannot block or obstruct windows, exits, or interfere with traffic. The applicant agrees to comply with all applicable codes, statutes and ordinances of the City of Cudahy. The issuance of the permit creates no legal liability, express or implied, on the Dept. or Municipality. All information provided above is accurate.

Signature of Applicant _____ Date _____

Please Print Name _____ Date _____

Property owners signature of approval _____ Date _____