



Marathon City - Administrator
 311 Walnut Street PO Box 487
 Marathon City, WI 54448
 (715) 443-2221

Application Accepted:	
Accepted by:	
Application Reviewed by:	
Approval Date:	
Approved by:	

SIGN PERMIT APPLICATION

SECTION 1 - APPLICANT	
Applicant is the: Owner (of the real property) <input type="checkbox"/> Lessee (of the real property) <input type="checkbox"/>	
Name of Owner of Real Property:	Phone Number:
Mailing Address:	
Email Address:	
Name of Lessee of Real Property:	Phone Number:
Mailing Address:	
Email Address:	
Does the real property have multiple addresses? Yes <input type="checkbox"/> No <input type="checkbox"/>	
IF yes, please list all addresses:	
Is property vacant? Yes <input type="checkbox"/> No <input type="checkbox"/>	
IF yes, will the building be occupied by the applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What data will the building be occupied?	

SECTION 2 - CONTRACTORS	
Sign Erector:	Phone Number:
Mailing Address:	
Email Address:	
Bond #:	License #:
Electrical Contractor:	Phone Number:
Mailing Address:	
Email Address:	
Bond #:	License #:

SECTION 3 – SIGN AND STRUCTURE DETAILS
Sign Category: On-Premise (Business ID): Dynamic <input type="checkbox"/> Static <input type="checkbox"/> Off-Premise (Advertising): Dynamic <input type="checkbox"/> Static <input type="checkbox"/> Temporary: <input type="checkbox"/> Special Event: <input type="checkbox"/>
Sign Contents (Please provide a text description, picture and shop drawing)
Type of Sign (Check all that apply): <input type="checkbox"/> Awning <input type="checkbox"/> Canopy <input type="checkbox"/> Free Standing <input type="checkbox"/> Marquee <input type="checkbox"/> Projecting <input type="checkbox"/> Dynamic Image Display <input type="checkbox"/> Wall <input type="checkbox"/> Painted <input type="checkbox"/> Cabinet / Frame <input type="checkbox"/> Vinyl <input type="checkbox"/> Projected Image <input type="checkbox"/> Flashing
Where will the sign be installed? <input type="checkbox"/> Inside the Building <input type="checkbox"/> Outside the Building
Is the sign structure attached to a building or wall? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which wall of building? N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>
What is the dimension of wall on which the sign will be installed?
If this is a free standing sign, where is the sign located on the lot? N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>
If free standing provide a site diagram indicating where the sign will be located on the parcel.
Which direction does the sign copy face? N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>
Does any portion of the sign, sign structure or attachments cover, obscure, or obstruct an existing window in a residential unit whether occupied or not? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does any portion of the sign, sign structure, or attachments extend on or cover any section of the public way? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain and provide photos of the proposed location.
Sign Support Structure: Pole <input type="checkbox"/> Roof <input type="checkbox"/> Ground <input type="checkbox"/> Building <input type="checkbox"/> Windows <input type="checkbox"/> Other <input type="checkbox"/>

Dimensions of Sign Structure (i.e. cabinet, frame, awning, canopy)	
Length: ____ Feet ____ Inches	Height: ____ Feet ____ Inches
Depth: ____ Feet ____ Inches	Area: ____ SQ Ft Weight: ____ lbs.
Shape of Sign: _____	
Sign Height above Grade:	From Grade to Bottom of sign or sign structure, whichever is lowest:
	From Grade to Top of sign or sign structure, whichever is highest:
Static: Yes <input type="checkbox"/> No <input type="checkbox"/>	Illuminated: Yes <input type="checkbox"/> No <input type="checkbox"/>
If illuminated: External <input type="checkbox"/> Internal <input type="checkbox"/>	
Electrical Contractor will Install: Feeders: Yes <input type="checkbox"/> No <input type="checkbox"/> Customer Leads: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Lamps: _____ Total Wattage: _____ Type of Lamp: _____	
Dynamic Image Display: Yes <input type="checkbox"/> No <input type="checkbox"/>	Self-Dimming Capability: Yes <input type="checkbox"/> No <input type="checkbox"/>
Max Nits: _____	Max Foot Candles: _____ Message Time (screen hold): _____ seconds
What Is the Estimated Cost of the Sign?	\$

****PICTURE OR RENDERING MUST BE ATTACHED DEPICTING SIGN PLACEMENT WITH BEFORE AND AFTER VIEW.****

SECTION 4 – ZONING	
Zoning District:	R-1S <input type="checkbox"/> R-1L <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> A <input type="checkbox"/>
	I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> C-1 <input type="checkbox"/> C-2 <input type="checkbox"/>
	CF <input type="checkbox"/> CR <input type="checkbox"/>
Total Street Frontage of Property:	
Total Area of New Sign:	
Total Area of all existing signs on Property:	
Distance from sign or sign structure to curb line:	

SECTION 5 – SIGNATURES	
Owner of Real Property:	Date:
Lessee of Real Property:	Date:
Sign Contractor / Erector:	Date:
Electrical Contractor:	Date:

EXHIBIT A – SING DIAGRAM AND RENDERING

