



TOWN OF WILKESON SIGN PERMIT APPLICATION

Applicant: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Property Owner (If other than the applicant) _____

Address _____

Phone: _____ Fax: _____ Email: _____

Consent of property owner:

Signature _____ Date _____

Job Site Address _____

Parcel number: _____ Zoning _____

Type of sign: Freestanding Wall Sign Suspended Ground mounted

Height of sign _____ Extends over sidewalk? _____

Attach a drawing (drawn to scale) that shows the following:

- 1 Location on the lot
- 2 Buildings or structures on the lot
- 3 Existing signs on the lot
- 4 Signs over a sidewalk must show the distance from the ground to the bottom of the sign
- 5 Landscaping

If the sign involves the use of electricity, provide the following:

Electrical Contractor: _____

License Number: _____

Signature of Applicant

Date