



P O Box 1130  
 Oshkosh, WI 54903-1130  
 Phone: (920) 236-5050  
 www.ci.oshkosh.wi.us

## Sign Permit Application

<b>Project Address</b>	_____
<b>Applicant</b>	<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other (describe) _____
<b>Owner / Tenant</b>	Name _____ Phone _____ Address _____ E-mail _____
<b>Contractor</b>	Company Name _____ Phone _____ Contact _____ E-mail _____ Address _____ State Credential #'s _____ , _____ , _____ <small style="margin-left: 100px;">Dwelling Contractor Qualifier #      Dwelling Contractor #      Building Contractor Registration #</small>
<b>Architect / Designer</b>	Company Name _____ Phone _____ Contact _____ E-mail _____ Address _____
<b>Permit Type</b>	<input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Multifamily
<b>Category</b>	<input type="checkbox"/> Ground Sign (Pole/Monument) <input type="checkbox"/> Wall Sign (<18" from wall face) <input type="checkbox"/> Projecting Sign (>18" from wall face)
<b>Project Description</b>	
<b>Mechanical Permits</b>	Separate permits will be obtained for the following: Electrical by _____ UL Numbers _____
<b>Value of Job</b>	\$ _____ (Value for materials & labor is req. to ensure consistency in accessing permit fees for all applicants.) Payment by: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card (office or online only)
<i>I certify the above information is complete and accurate. Any deviations from the above submitted information may require additional permits to be obtained. I acknowledge and agree to these terms.</i>	
Name: _____ Date: _____	