

P O Box 1130 Oshkosh, WI 54903-1130 Phone: (920) 236-5050

www.oshkoshwi.gov

Sign Permit Application

Project Address	
Applicant	□ Owner □ Contractor □ Tenant □ Other (describe)
Owner / Tenant	Name Phone
Tenant	Address Email
Contractor	Company NamePhone
	ContactEmail
	Address
	State Credential #'s,,
Architect / Designer	Company NamePhone
C	ContactEmail
	Address
Permit Type	□ Industrial □ Commercial □ Multifamily
Category	□ Ground Sign (Pole/Monument) □ Wall Sign (<18" from wall face) □ Projecting Sign (>18" from wall face)
Project Description	
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Mechanical Permits	Separate permits will be obtained for the following:
	Electrical by UL Numbers
Value of Job	\$ (Value for materials & labor is req. to ensure consistency in accessing permit fees for all applicants.) Payment by: □ Check # □ Cash □ Credit/Debit Card (office or online only)
Logratify the above	e information is complete and accurate. Any deviations from the above submitted information may require additional permits to be
obtained. I ackno	wledge and agree to these terms.
	(Please print) Date:
Signature:	1 7/22/2025