

Village of Belleville Sign Permit Application



BOX 1 - CONTACT INFORMATION	
Name	Company Name (if Applicable)
Address	City / State / Zip
Work Phone	Home or Cell Phone
Email	Fax
Best way to reach me is: <input type="checkbox"/> Phone <input type="checkbox"/> Email	I am the: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Representative
Signature:	Date:
BOX 2 - APPLICATION	
1. Site Address: _____	
2. Installation Done By: _____	
3. Approximate Cost of Sign:	\$ _____
4. Zoning of Site (select): Residential: R-SL R-SM R-SH P-T R-M R-D R-MH R-E OR Commercial: B-G B-H B-P I	
5. Is it in the Downtown Design Overlay District? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, special guidelines apply. Ask for a copy of the <i>Downtown Design Standards Manual</i> .	
6. Attach a site plan that includes the number and sizes of existing and proposed signs.	
7. Attach construction and install plans that include specifications and engineering data.	
BOX 3 - RETURN THIS FORM TO:	
Mail: 24 W. Main Street, P.O. Box 79, Belleville WI 53508	
Fax: 608-424-3423	Email: info@villageofbelleville.com
Drop Box: At 24 W. Main Street, 24 hours / day Questions: 608-424-3341	
BOX 4 - APPROVALS	
Your request has been: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Approved with these Conditions:	
Permit approved by:	Date: Permit #:
BOX 5 - OFFICE USE ONLY	
Date Received:	By:
Referred to: Building Inspector	Fee: \$ <input type="checkbox"/> Paid <input type="checkbox"/> Check #
Response by (attach any correspondence):	Date responded:
Action / Recommendations / Instructions:	
Code Reference: Chapter 615 Article VII	Parcel #: