

City of Park Falls

400 Fourth Avenue South • P.O. Box 146 • Park Falls, WI 54552
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www.cityofparkfalls.com

SIGN PERMIT # S2022-_____

SIGN PERMIT APPLICATION

Applicant's Name: _____ Phone # _____

Applicant is: () Owner () Contractor () Other email: _____

Address: _____ Parcel ID# 271- _____

Site of proposed sign: _____

Location of sign on property: _____

Sign details: _____

Sign elevation: _____

() New Sign () Modify Existing Sign () Addition to Existing Sign

Include a sketch of proposed sign and a map of the proposed location of sign with property boundaries noted with application.

Include Sign Permit fee of \$25.00 payable to City of Park Falls

I, _____ having submitted the foregoing application, hereby certify that I am making the statements herein contained from my personal knowledge and that the statements herein are true to the best of my knowledge.

Applicant's Signature: _____

Date: _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Date submitted: _____ Amount paid: _____

Action: () Granted () Denied

If denied, basis for denial: _____

Signature: _____

Date: _____