



410 Division Street
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Park Falls, WI 54552
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www.cityofparkfalls.com

SIGN PERMIT # S2025- _____

APPLICATION FOR SIGN PERMIT

Applicant's Name: _____ Date _____

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

Address of applicant: _____

Phone: _____ Parcel ID # 271- _____

Site address of proposed work: _____

Owner's Name: _____

Location of Sign on property: _____

Sign details: _____

Sign elevation: _____

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

() New sign () Modify existing sign () Addition to existing sign

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: _____ Fee paid \$ _____

Action: () Granted () Denied () Plans Requested Date Paid _____

If denied, basis for denial: _____

Signature: _____ Date: _____