

**City of Ladysmith**  
**PO Box 431**  
**Ladysmith, WI 54848**  
**Kurtis L. Gorsegner**  
**Building Inspector 715-532-2603 Fax # 715-532-2620**

**Date:** \_\_\_\_\_

**Permit #** \_\_\_\_\_

**Sign Permit Application**

**OWNER** \_\_\_\_\_ **AGENT** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

**PHONE #** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**This application is for a sign permit to:**

- \_\_\_ **Erect**
- \_\_\_ **Relocate**
- \_\_\_ **Remodel**
- \_\_\_ **Enlarge**
- \_\_\_ **Repair**
- \_\_\_ **Other**

**Is this sign:**

- \_\_\_ **Illuminated (Lighted)**
- \_\_\_ **Non-illuminated (Not Lighted)**

**Is the sign:**

- \_\_\_ **Wall Mounted**
- \_\_\_ **Ground Mounted**
- \_\_\_ **Pole Mounted**
- \_\_\_ **Roof Mounted**
- \_\_\_ **Projecting**
- \_\_\_ **Temporary**
- \_\_\_ **Off-Premises**

**Sign location address** \_\_\_\_\_

**Total square feet of the sign** \_\_\_\_\_ **Total square feet** \_\_\_\_\_

**Height of the sign** \_\_\_\_\_ **Width of the sign** \_\_\_\_\_

**Length of the sign** \_\_\_\_\_ **Overall Height (from ground to top of sign)** \_\_\_\_\_

**Setback from side yard: Left** \_\_\_\_\_ **Right** \_\_\_\_\_

**Setback from front yard:** \_\_\_\_\_

**Height to bottom of sign:** \_\_\_\_\_

**Sign Voltage** \_\_\_\_\_ **Sign Amps:** \_\_\_\_\_ **UL Listed:** \_\_\_\_\_

**Sign Manufacturer and address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Materials sign is made of:**

\_\_\_\_\_  
**Colors to be used:**

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**I am familiar with Section 13-1-100 through 13-1-110 of the Ladysmith City Code on regulations covering this permit application and acknowledge information furnished with this application is true and that if the permit is granted, same sign work will be executed as described or the permit will be revoked and the sign ordered removed within 10 days.**

\_\_\_\_\_  
**Owners Signature**

\_\_\_\_\_  
**Agents Signature**

**Site photos attached?** \_\_\_\_\_

**Sign Elevation Drawing Attached?** \_\_\_\_\_

**Site plan attached?** \_\_\_\_\_

**Projected Completion Date:** \_\_\_\_\_

**Fees:**

**On-Premise Signs: 25-cents/square foot (Minimum \$5.00**

**Off-Premise Signs: 30-cents/square foot (Minimum \$5.00)**

**Illuminated sign electrical inspection fee: \$25.00**

**Application reviewed by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Photo reviewed by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Elevation reviewed by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Plat reviewed by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Fee Paid \$** \_\_\_\_\_ **Date** \_\_\_\_\_ **Check #** \_\_\_\_\_

**Field Inspections (Date and findings):**