

Sign Review Application

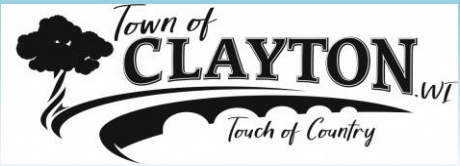
Town of Clayton Town Hall

8348 Hickory Ave

Larsen, WI 54947

Phone: 920-836-2007

Email: administrator@claytonwinnebago.wi.gov

Website: <https://www.townofclayton.net/>**PROPERTY OWNER**

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____

E-mail _____

APPLICANT

Check: Architect: _____ Engineer: _____ Surveyor: _____ Attorney: _____ Agent: _____ Owner: _____

Name: _____

Address: _____ Zip Code: _____

Phone: _____ E-Mail: _____

Describe the reason for the Sign Review: _____

Please review the Sign Ordinance within the Zoning Code w/2019 Amendments (pages 22 & 202-216) on our website*BUILDING/PROJECT SPECIFICS**

Please indicate the following as it applies to your parcel:

Business Zone relevant to the Town of Clayton Site Plan Ordinance. A B Fringe Residential/Ag

Number of individual signs: _____

Type of sign: Banner Temporary Monument Free-Standing Off-premise Other: _____

Square Footage of individual and aggregate total of all signs: _____

Setback from Property Line: _____

Public Improvement Agreement Signed: ☐ Yes

Anticipated site location of sign: _____ Height: _____

I certify that the attached drawings are to the best of my knowledge complete and drawn in accordance with all Town of Clayton codes.

Signature_____
Today's Date

For Town Use Only

Fee (see Town Fee Schedule)			
Fee: _____	Check #: _____	Receipt: _____	Date: _____
Date Received Complete: _____	By: _____	Application #: _____	
Review Meeting _____	History _____		
Site Plan is:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with Condition	<input type="checkbox"/> Denied
Comments: _____			

Note: Please notify utility companies regarding your proposed development. Sign review approval does not constitute approval of a building permit or any required approval of a highway connection permit. Sign review & Fee must be submitted 30 working days prior to meeting.