

CITY OF SHEBOYGAN

SIGN PERMIT APPLICATION

Fee: _			
Review	/ Date:		

Read all instructions before completing. If additional space is needed, attach additional pages.

Name (Ind., Org. or Entity) Authorized Representative Direct Manager	SECTION 1: Applicant/ Permittee Infor	mation								
Marshall Sign										
Mailing Address City Plymouth State ZIP Code S3073		# 글로드 보고 하는 15 분이 15 분이 되었다. 그렇게 하는 그리고 하는 하는 사람들은 보고 있다면 보면 없는 것이다. 그런 사람들은 사람들은 것이다. 그런 것이다.		그 그 그 그 그 그 그 그는 그는 그는 그는 그는 그는 그는 그는 그는						
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Phone Number (incl. area code)	그렇다는 그 그 그 그는 어느로 그렇게 되었다. 그는 그 그는 그들은 사람들은 사람들이 되었다면 하는 것이 되었다. 그는 그 사람들은 살이다.	[]			왕이 얼마나 아니는 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그					
Marshallsignjordan@gmail.com 920-838-4204			Phone Number (in							
Name (Ind., Org. or Entity) Kohler Credit Union Mark Huehns City Sate State St	marshallsignjordan@gmail.com	[6] [마이크 - M. B.								
Mailing Address City State ZIP Code S3081										
Mailing Address 831 S Taylor Drive Email Address mhuehns@kohlercu.com Phone Number (incl. area code) 920.783.2436 SECTION 3: Description of the Proposed Sign and Use of the Subject Site Name of Proposed/existing business: KCU Address of property affected: 831 S Taylor Drive Sheboygan WI Use of property: Commercial Description of sign: Replacing the existing LED message center and Aluminum Sign with 1 LED message center SECTION 4: Configuration of Proposed Sign Height: 6 Width: 12 Total Square Footage: 72 Amount of public street frontage: 1400' Amount of exposed exterior wall length: NIA Method of Attachment: Ground Pole Mount Method of Illumination: LED Sign Materials: Aluminum and LED Message Center Total square footage of signs on subject property – Before proposed sign: 72' SECTION 5: Certification: I hereby certify that I am the owner or authorized representative of the owner of the property which is the subject of this Sign Permit Application. I certify that the information contained in this form and attachments are true and accurate. I certify that the project will be in compliance with all conditions. I understand that failure to comply with any or all of the provisions of the permit may result in permit revocation and a fine and/or forfeiture under the provisions of applicable laws. Permission: I hereby give the City permission to enter and inspect the property at reasonable times, to evaluate this notice and application, and to determine compliance with any resulting permit coverage. Name of Owner/Authorized Representative (please print) Title Project Manager Phone Number Polect Manager	Name (Ind., Org. or Entity)	Contact Person		Title						
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Complete application is to be filed with the Department of City Development, 828 Center Avenue, Suite 208. If required to be placed on the agenda of the City Plan Commission or Architectural Review Board, application must be filed three weeks prior to date of meeting – check with City Development on application submittal deadline date. Applications will not be processed if all required attachments and filing fee (payable to the City of Sheboygan) are not submitted along with a complete and legible application. Application filing fee is non-refundable.