

Village of Cashton
723 Main Street Cashton, WI 54619-0188
(608) 654-7828 Fax: (608) 654-7383
tamlynn@villageofcashton.org

APPLICATION FOR SIGN PERMIT

(Required per Village Ordinance Article H Sec. 13-1-100)

If incomplete, no further processing of the application will occur until the deficiencies are corrected. All permit applications are valid for one (1) year upon payment of non-refundable fees. Any extensions of the one (1) year time frame are subject to approval by the Board of Trustees.

Date:	
Address of Project:	
Owner/Occupant Name:	
PURPOSE (WORDING):	
Materials:	
Illumination: Yes or No (circle one)	
Distance from lot lines:	
Person or Company constructing sign:	
Other Relative Information:	
The undersigned hereby makes an application for done in accordance with the requirements of the The undersigned acknowledges and agrees that the Department of Inspection or this Municipality; a knowledge. As a further condition of this permit.	r the location stated herein. The undersigned agrees that all work shall be Village of Cashton and the law and regulations of the State of Wisconsin. he issuance of the permit creates no liability expressed or implied, on the and certifies that all the above information is accurate to the best of their the undersigned owner or owner's agent, hereby consents to entry of the partment, at all reasonable hours, for the purpose of inspection.
Owner:(Signature)	Phone Number: