



GRAFTON
QUALITY LIFE. NATURALLY.

Town of Grafton
1102 Bridge Street
Grafton, WI 53024

262-377-8500

PERMANENT SIGN PERMIT

APPLICATION (RENEWAL)

Date: _____ Tax Key # _____

Owner: _____

Address/City/Zip: _____

Home Phone #: _____ Work Phone #: _____

Address of Sign Location: _____

Zoning District: _____

Contractor: _____ Phone #: (____) _____

Type of Sign: Projecting Ground Wall Single Face
 Double Face Other _____

Description of Materials Used: _____

Type of Sign Support: _____

Illumination: Directly Indirectly None _____

Sign Dimensions: _____ X _____ = Sq. Ft.: _____ Height: _____

Setback from Property Line: Front: _____ Left: _____ Right: _____

I hereby acknowledge that I am familiar with the Town of Grafton Sign Ordinance and more particularly as it pertains to the sign for which this application is submitted, and I certify that the information contained herein is true and correct.

Signature of Applicant

Date