



**GRAFTON**  
QUALITY LIFE. NATURALLY.

**Town of Grafton**  
1102 Bridge Street  
Grafton, WI 53024

262-377-8500

## TEMPORARY SIGN PERMIT

### APPLICATION

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