

CITY OF HUDSON 505 3 RD STREET HUDSON WI 54016-1694 (715)386-4776	CITY OF HUDSON SIGN PERMIT APPLICATION	
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Owner's Name	Telephone (Daytime)	Fax (Daytime)
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Mailing Address

Applicant's Name	Telephone (Daytime)	Fax (Daytime)
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Mailing Address

Building/Site Address for Sign Location

Type of Sign (mark one):

Wall	Projecting	Freestanding	Balloon	Banner	Other
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New	Replacement	Repair	Modification
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Maximum Sign Height	Sign/Face (sq. ft.)	Total Size	Existing Sign(s) - Show on Sketch if Required		
			Type	Size	

In area below, provide site plan showing proposed sign location and detail plan of proposed sign w/dimensions, illumination, etc. or attach to the application form.

The owner/applicant agrees to comply with Chapter 202 and all other Municipal Code requirements; understands that the issuance of the permit creates no legal liability on the City and certifies that all of the submitted information is accurate.

SIGNATURE OF APPLICANT _____ DATE _____

Nonrefundable Application Fee of \$30.00 per sign
2/17/09