## **CITY of BELOIT** Planning & Building Services Division

100 State Street, Beloit, WI 53511 Phone: (608) 364-6700 Fax: (608) 364-6609

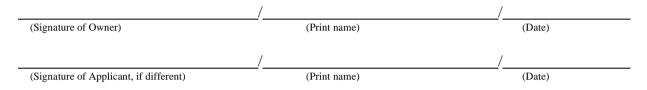
Sign Ordinance Exception Application Form

(Pl	ease Type or Print)		File number:			
1.	Name of applicant:		Phone #:			
2	(Address)	(City)		(State)		
	Address of subject property:					
3.	Tax Parcel Number(s):					
4.	Legal description:					
5.	Present zoning:	Present use:				
6.	Proposed use (if different):					
7.	Owner of record:			Phone:		
	(Address) E-mail address:	(City)		(State)	(Zip)	
8.	State specific sections of cod					
9.	State specific hardship experienced by the applicant: (Use separate sheet if necessary)					

## *City of Beloit* Sign Ordinance Exception Application Form (continued)

10. In order for this application to be considered complete, the applicant must attach a scale drawing (1" = 20' usually works best) showing the location of property lines and their dimensions, existing buildings and improvements, all abutting properties and improvements thereon, and the proposed changes or additions. A professional drawing is <u>not</u> required. You are required to furnish a legible drawing with enough detail that will adequately advise and inform the Commission.

The applicant's signature below indicates the information contained in this application and on all accompanying documents is true and correct.



The applicant acknowledges that this application is not deemed filed until dated and receipt acknowledged by a person authorized to receive the application. <u>The applicant is entitled to receive a copy of the acknowledged application once it is officially reviewed and accepted</u>.

## Hearings are usually held in City Hall Forum, City Hall, 100 State Street at 7:00 P.M.

In order for your request to be heard and considered in a timely manner, you must submit the completed application to the Planning & Building Services Division for acceptance by the filing deadline date prior to a scheduled Plan Commission meeting.

To be completed by Planning staff				
Filing fee: <b><u>\$300.00</u></b> Amount paid: Meeting date: _	<u>.</u>			
Application accepted by:	Date:			