

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

(Please Type or Print)

File number: _____

1. Name of applicant: _____ Phone #: _____

(Address) (City) (State) (Zip)

2. 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) (City) (State) (Zip)

E-mail address: _____

8. State specific sections of code and exception(s) requested: (Use separate sheet if necessary)

9. State specific hardship experienced by the applicant: (Use separate sheet if necessary)

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 not 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.

_____/_____/_____
(Signature of Owner) (Print name) (Date)

_____/_____/_____
(Signature of Applicant, if different) (Print name) (Date)

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

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: **\$300.00** Amount paid: _____ Meeting date: _____

Application accepted by: _____ Date: _____