# La Crosse Fire Department

## Division of Community Risk Management

inspection@cityoflacrosse.org 608-789-7530



http://www.cityoflacrosse.org/your-government/departments/fire-department

# SIGNS

#### When do I obtain a sign permit?

A Sign permit is required for signs placed on awnings, canopies and walls. Also, a sign permit is required for ground, projecting and suspended signs.

#### Data Requirements:

- Completed and signed Application for Building Permit
- 2 colored pictures of the sign (indicating size of sign)
- For ground signs, a site plan showing the location of the sign and structural calculations for footings for signs.
- For wall signs, size of wall, location of sign and information on where the sign faces (road or parking).
- For awning and canopy signs, indicate size of awning or canopy, and their location on the building.
- For suspended and projecting signs, height above the sidewalk (if applicable) and location on building.
- Pole signs are prohibited.

If you would like to submit the permit application electronically, please upload the forms and email them to inspection@cityoflacrosse.org

#### How long does it take to get my permit?

Permits are reviewed on a first come, first serve basis. Inspectors are allowed 10 business days to complete. They may take longer depending on circumstances. For an additional cost you can EXPEDITE your application, moving it to the forefront.

#### How much does a permit cost?

Building Permit Fees can be found on the City website at this link https://www.cityoflacrosse.org/fire/fees/buildings\_\_\_\_\_\_

#### What do I do with the card I received with the building permit?

The yellow permit card should go in a window or where it can be seen from the street

#### When must I call for building inspections?

Inspections are required:

- After excavation, <u>before</u> playing concrete.
- When the project is complete.

#### Frequently encountered issues:

Following is a list of frequent problems or errors we encounter:

- Excavation full of water/mud
- Excavation not to a minimum 48" depth
- Foundation backfilled before inspection
- Permit holder forgets to call us for required inspection, especially the required final inspection

### The property owner is responsible for correct placement of structures upon a parcel of land to comply with the building and zoning law. The back edge of the City sidewalk is usually located on a property line.

Be sure to call Digger's Hotline prior to digging. The number is 1-800-242-8511.



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# APPLICATION FOR SIGNPERMIT

| Amplication Number  | D     | D 1N 1         |
|---------------------|-------|----------------|
| Application Number: | Date: | Parcel Number: |

| <b>OWNER IN</b>                                     | FORMATION   |                       |                      |   |           | College Strategy               | 1.12. 2. 19.                 |                          |                     | and the state of the     |
|---|---|-----------------------|----------------------|---|-----------|--------------------------------|------------------------------|--------------------------|---------------------|--------------------------|
| Name:   |   |                       |                      |   |           |                                |                              |                          |                     |                          |
| Address of abov                                     | e: Street   |                       | City                 |   |           | *                              | State                        |                          |                     | Zip Code                 |
| Phone:  |   | Cell:                 |                      |   |           | Email:                         |                              |                          |                     |                          |
| CONTRAC   | TOR INFORMAT  | ION                   | alexans.             |   |           |                                | No. No. of Concession, Name  |                          |                     |                          |
| Name:   |   |                       |                      |   |           |                                |                              |                          |                     |                          |
| Address of abov                                     | e: Street   |                       | City                 |   |           |                                | State                        |                          |                     | Zip Code                 |
| Phone:  |   | Cell:                 |                      |   |           | Email:                         |                              |                          |                     |                          |
|   | NFORMATION  |                       |                      | N.S.S.S.                                    |           |                                |                              |                          |                     |                          |
| Project address:                                    |   |                       |                      |   |           |                                |                              |                          |                     |                          |
| Construction Co<br>\$                               | st:   |                       |                      | cription of Work<br>molition, include use o |           | after demolition               |                              |                          |                     |                          |
| ign Information:<br>.ocation: On-Premi<br>Off-Premi | se: 🔲   |                       |                      |   |           |                                |                              |                          |                     |                          |
|   | INFORMATION   | 1                     |                      | State States                                | 24        |                                |                              |                          |                     | - SIS 31                 |
| Zoning  | Nbr. Dwelling Units   |                       |                      | Airport Height<br>Yes D No [                |           | Flood Plain<br>Yes 🗌 No 💭      | Fire Limits Yes No           | Archaeologi<br>Yes 🔲     | cal District        | Historical Dis<br>Yes No |
| FEE INFO  | RMATION   | S. S. B. S.           |                      | -   |           |                                |                              | 1000 N 10 T              |                     |                          |
| Copies:<br>\$                                       | Plan Review:<br>\$  |                       | Permit:<br>\$        |   | Reco<br>S | ord Mtce:                      | Other:<br>\$                 |                          | Total:<br>\$        |                          |
| adding or property as abo                           | ED between the applicant, as owner, or<br>ve described, to be issued and granted b<br>erewith filed and it is further agreed to c | y Fire Prevention and | Building Safety of t | the City of La Crosse, that                 | the wor   | k thereon will be done in acco | rdance with the descriptions | set forth in this stater | nent, and as more f | ully described in the    |

the City of La Crosse and State of Wisconsin laws relating to the construction, alteration, repairs, removal and safety buildings and other structures and permanent building equipment.

| Agent/Contractor: (Print) | (Sign)                        | (Date)             |  |
|---------------------------|-------------------------------|--------------------|--|
| Licensed s                | ign erector in the City of La | Crosse? Yes 🗆 No 🗖 |  |

Certificate of Liability on file with the City? Yes No Note: Both are required to apply for a sign permit

| OFFICE USE ONLY       |            |       |
|-----------------------|------------|-------|
| Application Approved: | Inspector: | Date: |
|                       |            |       |
|                       |            |       |

