

Village of Mukwonago  
440 River Crest Ct  
Mukwonago, WI 53149  
Phone: (262) 363-6420  
Fax: (262) 363-6425  
[www.villageofmukwonago.com](http://www.villageofmukwonago.com)

# VILLAGE OF MUKWONAGO

## SIGN PERMIT REVIEW APPLICATION

Application Fee: Below

Date Submitted: \_\_\_\_\_

Total Fees Paid: \_\_\_\_\_

### FEES

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*(Please check one)*

- Basic Sign Review: \$100  
 Sign Special Exception: \$450

### CONTACTS

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#### Zoning and Planning Department

Contact:

Phone: (262) 363-6420 ex 2111

Fax: (262) 363-6425

Email: [planner@villageofmukwonago.com](mailto:planner@villageofmukwonago.com)

### GUIDELINES

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The undersigned petition is to consider a request, as stated herein, for a sign permit and will be reviewed by the Plan Commission of the Village of Mukwonago. The application packet must be filed with the Village Clerk **at least 30 days prior** to the meeting of the Planning Commission at which action is desired. The Plan Commission meets on the second Tuesday of each month at 6:30 p.m.

Materials listed on page 3 must be provided to the Village of Mukwonago in accordance with Village Municipal Code Chapter 64 and other pertinent sections of Village ordinances and as necessary to permit review that is consistent with proper planning practice. The Village will strive to accommodate reasonable requests for informal preliminary staff review, however the Village shall not place any items on the agenda for Plan Commission consideration until such time as the application is complete in accordance with all requirements specified on this and other attached application forms.

Mail completed applications to: Village Planner  
ATTN: Sign Permit Review  
440 River Crest Ct  
Mukwonago, WI 53149

Deliver to: Village Clerk's Office  
440 River Crest Court

Email to: [planner@villageofmukwonago.com](mailto:planner@villageofmukwonago.com)

Complete, accurate and specific information must be entered. Please Print.

### APPLICANT *(Full Legal Name)*

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Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**APPLICANT IS REPRESENTED BY (Full Legal Name)**

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Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**SIGN CONTRACTOR**

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Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**PROPERTY AND PROJECT INFORMATION**

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Address/Location:

\_\_\_\_\_

A. The property is presently used as:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Size of property (in acres):

\_\_\_\_\_

C. Project Timetable: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

D. Type/Description of Sign(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

## PROCEDURAL CHECKLIST FOR SIGN PERMIT REVIEW AND APPROVAL

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This form is designed to be a guide for submitting a complete application for a conditional use.

### Application Submittal Packet Requirements for Village and Applicant Use (Check off List)

#### Application:

- Completed application form including the procedural checklist and justification of the proposed special exception (if necessary).
- Application fee: See page 1.
- Agreement for Reimbursable Services (separate application)

#### Required site drawings:

- Survey of the property
- Professional drawings of the sign showing exact dimensions of the perimeter of the sign.
- Colors of the sign.

#### Other Documents:

- Special exceptions only: Overview of the adjoining lots (including list of parcel identification numbers and names and mailing addresses of the current owners for all properties within 300 feet of the subject property)
- Electronic Submittals are required.** Email (or CD ROM) with all plans and submittal materials in Adobe PDF to [planner@villageofmukwonago.com](mailto:planner@villageofmukwonago.com).
- Any additional information as determined by Village staff

## JUSTIFICATION OF THE PROPOSED SIGN SPECIAL EXCEPTION

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The Plan Commission of the Village of Mukwonago will base their decisions on the category standards listed below. It is in the best interest of the applicant to base their presentation on the same applicable set of standards when presenting their petition.

**Applicant: Please fill out ALL of the questions. Use additional sheets of paper if needed.**

A. State the category of special exception pursuant to Sec. 64-34 (b) of Chapter 64 of the Municipal Code (Sign Code).

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B. State the size and percentage of additional signage requested.

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C. State how the proposed special exception (the exception in general, independent of its location) is in harmony with the purposes, goals, objectives, policies and standards of the Village of Mukwonago Comprehensive Plan, the Zoning Ordinance, and Chapter 64 of the Municipal Code (Sign Code).

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D. State the unusual factors that preclude construction of the sign(s) in accordance with Chapter 64 of the Municipal Code (Sign Code).

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E. State the hardship that would occur if completed to conform with Chapter 64 of the Municipal Code (Sign Code).

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F. State how the requested special exception would not be harmful to the general public.

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G. State how the requested special exception supports the public safety, health and welfare of the public.

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H. State other reasons for the request pursuant to justification needed for the category of special exception as listed in Sec. 64-34 (b) of Chapter 64 of the Municipal Code (Sign Code).

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**CERTIFICATION**

Applicant hereby certifies that:

1. All of the above statements and other information submitted as part of this application are true and correct to the best of his or her knowledge.
2. Affirms that no Village of Mukwonago elected or appointed official or employee has a proprietary interest in the above referenced property for which this applications being filed.
3. None of the above referenced individuals has been promised or given any contract for consultation, planning or construction in relation to this project.
4. Applicant has read and understands all information in this packet.
5. Applicant has read and understands all pertinent regulation in Chapter 64 of the Municipal Code.

Applicant further understands the policies of the Village regarding signage and property development. Conditions of the resolution regarding all approvals are strictly followed.

By the execution of this application, applicant hereby authorizes the Village of Mukwonago or its agents to enter upon the property during the hours of 7:00 am to 7:00 pm daily for the purpose of inspection. Applicant grants this authorization to enter even if this land has been posted against trespassing pursuant to Section 943.13 WI Stats.

*(The applicant’s signature must be from a Managing Member if the business is an LLC, or from the President or Vice President if the business is a corporation. A signed applicant’s authorization letter may be provided in lieu of the applicant’s signature below, and a signed property owner’s authorization letter may be provided in lieu of the property owner’s signature[s] below. If more than one, all of the owners of the property must sign this Application).*

\_\_\_\_\_  
Signature - Property Owner

\_\_\_\_\_  
Signature - Applicant

\_\_\_\_\_  
Name & Title (PRINT)

\_\_\_\_\_  
Name & Title (PRINT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY			
Date Paid	Receipt #	Date(s) Notice Published	Date Notices Mailed
Public Hearing Date	Plan Commission Date(s)	Village Board Date(s)	Resolution Number
Plan Commission Disposition			