



VILLAGE OF WEST MILWAUKEE

4755 WEST BELOIT ROAD
WEST MILWAUKEE, WI 53214
TELEPHONE (414) 645-1530
FAX (414) 671-8089
www.westmilwaukee.org

SIGN WAIVER APPLICATION

The request of _____ (Development/Company name)
for an exception to be made pursuant to the Sign Ordinance (Section 66-13) of the Village of
West Milwaukee.

Explain the actual exception that is being requested:

Is there a Master Sign Plan for this location? _____

PROPERTY ADDRESS: _____

TAX KEY #: _____

COMPANY: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ OTHER: _____

OWNERS NAME (Please print):

OWNERS SIGNATURE: _____

DATE: _____

APPLICANT'S NAME (Please print):

APPLICANT'S SIGNATURE: _____

DATE: _____

Application Fee: \$500.00

Date Paid _____

Receipt # _____