



**CITY OF GLENDALE**  
**COMMUNITY DEVELOPMENT DEPARTMENT**  
 5909 NORTH MILWAUKEE RIVER PARKWAY  
 GLENDALE, WISCONSIN 53209-3815  
 PHONE: (414) 228-1744  
 FAX: (414) 228-1725

## SIGN APPEAL APPLICATION

Sign Appeal Fee: \$300

*Please fill out all spaces below. All Sign Appeal Applications for signs require sixteen (16) pictures or drawings of the proposed sign, and 16 site plans marking the location of the proposed sign on the property. In addition, Wall Sign appeals should include 16 copies of elevation drawings depicting the location of the wall sign(s) on the building. Incomplete applications will be returned to the applicant. Copies of this form may be made for additional sign appeal applications.*

**To the Plan Commission of the City of Glendale:**

PLEASE TAKE NOTICE that appeal is hereby made from a decision of the Planning & Zoning Administrator of the City of Glendale in refusing to issue a Sign Permit, as applied for by the undersigned; that the facts relating to the situation with respect thereto are as follows:

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\_\_\_\_\_

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\_\_\_\_\_

*(Insert here, or on a separate sheet, the nature of the permit sought, the type of sign involved and the grounds stated by the Planning & Zoning Administrator for refusing to grant the permit; also set forth the reasons why you contend that the Plan Commission should override the decision of the Planning & Zoning Administrator.)*

This appeal is based upon the right of the undersigned to have a hearing before the Plan Commission, in his belief that a variance of special relief should be granted for the reasons set forth herein. Request is made that the matter be given consideration by the Plan commission at the earliest possible date and that notice of hearing thereon be given to the undersigned and all other interested parties.

Dated at the City of Glendale, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Applicant Business Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

Office Use Only Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Rec'd by: \_\_\_\_\_  
 Sign Appeal Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_