

## CITY OF WAUKESHA, WISCONSIN

201 DELAFIELD STREET \* ROOM 200 \* WAUKESHA, WI 53188 \* PH: (262)524-3750 \* FAX: (262)524-3751

**Sign Appeals and Variances**

<i>Appellant Name:</i>	<u>Waukehsa Police Dept.</u>	<i>Owner Name:</i>	<u>Lt. Kevin Rice</u>
<i>Address:</i>	<u>1901 Delafield St</u>	<i>Address:</i>	<u></u>
<i>City, St, Zip</i>	<u>Waukesha, WI 53188</u>	<i>City, St, Zip</i>	<u></u>
<i>Phone No.</i>	<u>262-524-3831</u>	<i>Phone No.</i>	<u>262-524-3778</u>
<i>Email</i>	<u></u>	<i>Email</i>	<u>KRice@waukesha-wi.gov</u>

Address of the premises affected 1901 Delafield StName and Type of Business: Police DepartmentPresent use of premises: City Department

Briefly describe proposed sign request: As part of the approved Police Department renovations we will be replacing the current sign. The new sign will have a digital display for important information

The appeal must be filed with the City Community Development Department within twenty (20) days of the decision of the City Planner accompanied by the **\$100.00 fee**. The Plan Commission will hear the appeal no later than 60 days after the date of your application.

**TO THE PLAN COMMISSION:**

I hereby appeal the decision of the City Planner. I believe the City Planner has incorrectly interpreted Section \_\_\_\_\_ of the Waukesha Sign Code.

**Or,**

I hereby request a variance from Section \_\_\_\_\_ of the Waukesha Sign Code.

**NOTE: attach a written statement explaining the basis for your appeal or request for a variance.**

- In the case of an appeal please include specific references to the provisions of Chapter 27 that you believe the City Planner has improperly applied, or which otherwise support your appeal.
- In the case of a variance, please include a description of the special circumstances that would make the strict application of the requirements of this Chapter unjust, inequitable, unfair, or unreasonable.

I hereby depose that the above statements and the statements contained in the papers submitted herewith are true and correct.

\_\_\_\_\_  
(Applicant's Signature)\_\_\_\_\_  
(Date)