Sign Appeals and Variances

Appellant Name: 1807 Northview Rd Owner Name: 1807 Northview Rd Address: Wacker Sha W 53188 Address: Wacker Sha W 53188 City, St, Zip Phone No. 969-271-0264 Phone No. 969-271-0264 Email Mojib-10504 Gyahco. Com Mojib-10504 Gyahco. Com
Address of the premises affected 410 Wis Consin AV walkesha wil
Name and Type of Business: WavkeSha Cafe House.
Present use of premises: ongoing construction finishing Stage
Briefly describe proposed sign request: 4x2 Detached double tack
TOVO POSTS GUITAR bass sign with solar spot light.
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 $27.03(6)$ of the Waukesha Sign Code.
 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) O7.30,21 (Date)

CITY OF WAUKESHA, WISCONSIN

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

PERMANENT SIGN PERMIT APPLICATION

Office Use Only SITE ADDRESS: Ylowis Consin AV wackesha, wa ☐ PICTURE/Drawing/Site Plan Total Number of signs applying for today: ____ Value of Sign(s) \$ ☐ FEE FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. FEE IS NON-REFUNDABLE ☐ ELECTRICAL PERMIT Location of THIS sign: in front of the building Initials: Business Name: (Naukesha Cafe House. Sign Contractor: Owner. Owner Name: WOSID RASU! Address: Business Phone: 262-271 City/State/Zip: For questions call: Business Sign Contractor (MANDATORY FIELD; application will be returned if left blank.) You must submit an electrical permit signed by a licensed electrician with all illuminated sign permit applications. NOT APPLICABLE □ NO HAS THIS BEEN DONE? YES, Permit No. BL-ATTACH A COLOR PHOTO, DRAWING, AND/OR SITE PLAN. Show dimensions to scale, colors, and location of sign. TYPE OF SIGN (Circle all that apply): **CHECK ONE:** Roof_ Billboard New Sign Existing Sign Face Change Only Door Projecting Window Yard (Double Face) Awning Freestanding Flat Horizontal Width of Sign 48 Vertical dimension of Sign 24 TOTAL Square Footage: sq. ft. If Sign is detached or projecting, please supply: Total Height 54 Clearance: Setback: Premise Data: Street Frontage: Building or Tenant Space Width: Other Street Frontage: PLEASE LIST ALL EXISTING SIGNAGE ON THE BACK OF THIS SHEET. By my signature, I state and agree, that I have carefully examined the completed application and do hereby certify that all information herein is true and correct, and I further certify that any and all work performed shall be done in accordance with the Ordinances of the City of Waukesha, and the Laws of the State of Wisconsin pertaining to the work described herein Print Name Molh Rasuk Date 87.30,21 OFFICE USE ONLY Gross sign area for premises: Area used by other signs: Zoning District: Approved Conditions (if any): Must submit electrical permit within 30 days of meeting or permit shall be voided. Denied Does not conform to: ☐ Clearance ☐ Not to face R-district ☐ Area □ Corner Vision ☐ Height ☐ Architecturally compatible Other ☐ Consolidation of signs ☐ Distracting sign ☐ Setback ☐ Projection ■ Avoid needless elaboration Date of Review Authorized Signature

INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

